

MASFAP

Missouri Association of Student Financial Aid Personnel

Expense Reimbursement Form

Dates of Incurred Expenses: from ____/____/____ to ____/____/____

Description of activity: _____

Itemization of expenses: _____

Account to charge:

_____ College Goal Sunday	_____ Spring Conference	_____ Fall Conference
_____ Exec. Bd. Meeting	_____ Office Supplies	_____ Archives
_____ Assoc. Mem. Comm.	_____ Assn. Govern.	_____ Awards
_____ Budget & Finance	_____ Early Awareness	_____ Legislative
_____ Membership	_____ Nominations/Elections	_____ Corporate Support
_____ Newcomer's	_____ Prof. Development	_____ Program
_____ Research	_____ Site	_____ Technology
_____ Project Development	_____ Other	

Make check payable to: _____

Mail check to: _____

Signature of claimant: _____

Approved by: _____ Date: _____
Appropriate officer/committee chair

Send completed form and receipts to:

Kerry Hallahan, MASFAP Treasurer
Concordia Seminary
801 Seminary Place
St. Louis, MO 63105
Fax 314-505-7220

Treasurer's Use Only

Date: _____ Check# _____ Amount \$ _____ Acct. # Charged _____ Initials _____