



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:
Rachel Touchatt, MASFAP Treasurer
c/o Stephens College
1200 East Broadway
Campus Box 2124
Columbia, MO 65215

Treasurer's Use Only

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