

MASFAP

Missouri Association of Student Financial Aid Personnel

Travel Expense Claim Form

From: _____
 Purpose: _____
 Location: _____
 Dates: _____
 Account to charge: _____

Expenses:	Day 1	Day 2	Day 3	Day 4	TOTAL
Meals:					
Breakfast	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lunch	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Dinner	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Lodging	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Transportation/Airfare	\$ _____				
Mileage : ____mi. @ \$0.505	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Other:					
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
TOTAL	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

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 _____