

## OASFAA EXPENSE REPORT & REIMBURSEMENT REQUEST

To receive reimbursement for approved OASFAA expenses a reimbursement form should be completed and submitted to the Treasurer within 30 days of incurring the expense.

Expense reimbursement requests should be combined and at a minimum of \$5.00 if possible.

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_

Institution: \_\_\_\_\_ OASFAA Committee: \_\_\_\_\_  
(if applicable)

### Expenses Related to Travel on Behalf of OASFAA

Date	Breakfast	Lunch	Dinner	Lodging	Transportation	Cabs/Limos	Other Description	Amount	Daily Total
<b>Totals</b>									

### Expenses Related to Materials Purchased for or Services Rendered to OASFAA

Type of Expense:  
(i.e., postage or photocopying)

Amount:

Authorizations:

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
Treasurer

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
President or Past President

\_\_\_\_\_  
Date

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Amt. Reimbursed

\_\_\_\_\_  
Check Number

\_\_\_\_\_  
Date Mailed

By my signature below, I certify that I have not been and will not be reimbursed by any other agency for any amount exceeding the actual cash outlay for this expense.

Total Claim: \$ \_\_\_\_\_

Client's Signature: \_\_\_\_\_

Mailing Address: \_\_\_\_\_