**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ OASFAA Office/Committee:

Expenses Related to Event on Behalf of OASFAA

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Breakfast | Lunch | Dinner | Lodging | Transportation | Cabs/Limos | Other  Description | Amount | Daily  Total |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |
| Totals |  |  |  |  |  |  |  |  |  |

***GSA mileage rates will be used for calculating transportation expenses.***

***GSA per diem per location will be used for food expense approval.***

Expenses Related to Materials Purchased for or Services Rendered to OASFAA

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

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. If applicable, all receipts for expenses will be submitted with this form.

Total Claim: $

Client’s Signature:

Mailing Address: