



# Event or Activity Expense Reimbursement Form

Officers and members of the Association are reimbursed for expenses incurred for Executive Board, committee meetings, conferences, and other business conducted for the benefit of MASFAP. An Event or Activity Expense Reimbursement Form must be submitted to the Treasurer after it is signed by the appropriate committee chair or an officer. All expenses should be held to a reasonable cost and require receipts.

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Name of Committee and/or Account to Charge: \_\_\_\_\_

Dates of Incurred Expenses: \_\_\_\_\_ to \_\_\_\_\_

Description of Activity: \_\_\_\_\_

Make Check payable to: \_\_\_\_\_

Mail Check to: \_\_\_\_\_  
(street, city, state, zip)

Phone Number: \_\_\_\_\_

## ITEMIZATION OF EXPENSES

| DESCRIPTION OF ITEM/SERVICE | PURCHASED FROM | AMOUNT        |
|-----------------------------|----------------|---------------|
|                             |                |               |
|                             |                |               |
|                             |                |               |
|                             |                |               |
|                             |                |               |
|                             |                |               |
|                             |                | <b>TOTAL:</b> |

*I certify that the above claim is correct and that the expenses were actually incurred by me in the performance of my duties for Missouri Association of Student Financial Aid Personnel (MASFAP). I have attached supporting documentation as required.*

Claimant Signature/Date: \_\_\_\_\_

Approval Signature (appropriate officer/committee chair)/Date: \_\_\_\_\_

**Send completed form and receipts to:**

Missouri Association of Student Financial Aid Personnel (MASFAP)  
 Attention: Treasurer  
 1709 Missouri Blvd, Suite 2, Box 308  
 Jefferson City, MO 65109

| TREASURER'S USE ONLY: |         |        |                |          |
|-----------------------|---------|--------|----------------|----------|
| DATE:                 | CHECK # | AMOUNT | ACCT # CHARGED | INITIALS |
|                       |         |        |                |          |