

**SOUTHERN ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS, INC.
MISCELLANEOUS EXPENSES CLAIM FORM**

SUBMITTED BY: _____

MAKE CHECKS PAYABLE TO (if other than above): _____

ADDRESS: _____

City, State, Zip

TELEPHONE: _____

SUBMIT YOUR COMPLETED CLAIM FORM TO:

Jenelle L. Handcox

SASFAA Treasurer

P.O. Box 2308

Pembroke, NC 28372

or scan to: jenelle.handcox@uncp.edu

CHARGE TO (Officer/Committee Name): _____ Budget Code: _____

CERTIFICATION: I certify that the following is a true statement of expenses incurred by me on official authorized business on behalf of SASFAA, Inc. **Receipts are required as documentation of your expenses.**

Signature: _____

Date: _____

DESCRIPTION/ PURPOSE OF EXPENSE	AMOUNT
1.	\$
2.	\$
3.	\$
4.	\$

TOTAL EXPENSES:	\$
LESS: Cash Advance:	- \$
LESS: Expenses Billed Directly to SASFAA:	- \$
TOTAL REQUESTED:	\$

FOR PRESIDENT'S USE ONLY	FOR TREASURER'S USE ONLY	
Payment approved in the total of:	Date Paid:	Check No.:
Budget Code:	Amount Paid: \$	
Signature:	Budget Code:	
	BBT:	QB: