

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
Totals									

Expenses Related to Materials Purchased for or Services Rendered to OASFAA

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

Amount:

Authorizations:

\$ _____
\$ _____
\$ _____

Total \$ _____

Treasurer

Date

President or Past President

Date

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: _____