

**WESTERN ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS
MISCELLANEOUS EXPENSE CLAIM FORM**

SUBMITTED BY: _____

SUBMIT YOUR CLAIM FORM TO:

ADDRESS: _____

Peter Miller - WASFAA Treasurer
Truckee Meadows CC
7000 Dandini Drive RDMT 315C
Reno, NV 89512

_____ City State Zip

TELEPHONE: _____

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

CHARGE TO (Officer/Committee Name): _____

CERTIFICATION: I certify that the following is a true statement of expenses incurred by me on official authorized business on behalf of WASFAA.

SIGNATURE: _____

DATE: _____

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

TOTAL EXPENSES: \$

LESS: Cash Advance:

LESS: Expenses Billed Directly to WASFAA:

TOTAL REQUESTED: \$

FOR TREASURER'S USE ONLY	
Date Paid: _____	Check No.: _____
Amount Paid: \$ _____	
Budget Code: _____	