

**WESTERN ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS  
CLAIM FOR REIMBURSEMENT OF EXPENSES**

**Instructions:** 1) Prepare the form in duplicate. 2) Send one copy of the form with receipts for all expenses in excess of \$3.00 (except meals, limo and cab) to the WASFAA Treasurer, after obtaining your Committee Chair's approval, if applicable. 3) Retain the second copy for your records. 4) Prepare a separate claim form for each category of expense, i.e. if you have expenses for more than one committee, use a separate claim for each. Claims for reimbursement must be forwarded to the WASFAA Treasurer for processing within 30 days of the date the expense was incurred. WASFAA reserves the right to deny a late reimbursement claim. Completed claims and receipts, along with the Committee Chair's approval where applicable, should be submitted to:

Peter Miller, WASFAA Treasurer  
Financial Aid, Scholarships & Student Employment  
Truckee Meadows Community College,  
7000 Dandini Blvd, RDMT-315C  
Reno, NV 89512  
Phone: (775) 673-7073; FAX: (775) 674-7566

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Activity Location: \_\_\_\_\_

	Amount Requested	Amount Approved
Transportation:		
Airfare	\$ _____	\$ _____
Ground @ _____ per mile (# of miles _____ traveled)	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Taxi/Limo/Bus	\$ _____	\$ _____

Per Diem:

Use current GSA per diem rates (see [GSA Per Diem rates](#)). Enter lodging and meal amounts in spaces below.

Left home (date & time) \_\_\_\_\_ at \_\_\_\_\_ Returned home \_\_\_\_\_ at \_\_\_\_\_

Lodging Costs \$ \_\_\_\_\_ \$ \_\_\_\_\_

Meals:

Date	Breakfast	Lunch	Dinner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost for Meals \$ \_\_\_\_\_ \$ \_\_\_\_\_

Other expenses or bills (list):

\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_  
\$ \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL OF ALL EXPENSES:

TOTAL ALLOWED

Date completed: \_\_\_\_\_ Signature: \_\_\_\_\_

Approval of Committee Chair (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

The following check was approved and written for the above claims:

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Treasurer's Int.: \_\_\_\_\_

Budget Category: \_\_\_\_\_

**WASFAA TRAVEL GUIDELINES**  
**(02/08/07)**

Executive Council members will receive reimbursement for each Executive Council meeting attended. Any other member of the Association attending Executive Council meetings must have prior approval of the President, in writing, with a copy to the Treasurer, before receiving reimbursement. Officers of the Association will be reimbursed for travel associated with the position held on behalf of WASFAA. Other members of WASFAA will be reimbursed for travel to committee meetings and other expenses only if approved by the committee chair as allowed by the committee budget. In the case of Executive Council or committee meetings held in conjunction with the Annual Conference, only those expenses for meals and lodging in excess of expenses associated with attending the conference will be reimbursed. Transportation, conference registration, lodging and meals during the conference, and other such expenses are the responsibility of the member.

Contact Peter Miller ([PMiller@tmcc.edu](mailto:PMiller@tmcc.edu) or (775) 673-7073) to make your travel arrangements.

**REIMBURSEMENT WILL BE AS FOLLOWS:**

RECEIPTS REQUIRED:

**Air Fare:** Submit last page from airline ticket. Do not submit a photocopy. Copies of "E" tickets are acceptable provided that they include the traveler's name and the price of the ticket.

**Other Transportation:** Taxi, shuttle or light rail to and from airport will be covered unless provided free of charge from hotel/facility.

**Parking/Car Storage:** Reimbursable expense if receipted.

**Lodging:** Attach the itemized statement from the hotel. Circle amounts for which you are requesting reimbursement.

**Internet access:** Amount charged by hotel for access to internet services, from hotel statement or Internet provider.

**Phone Calls:** The Cost of the call home, per day, up to \$10.00.

**Miscellaneous:** Submit receipts.

NO RECEIPTS REQUIRED:

**Meals:** See GSA rates for date/location.

**Ground Transportation:** Private car use will be reimbursed at \_\_\_\_\_ per mile, not to exceed the cost of air coach fare, for transportation to and from the meeting site. No rental car expenses will be reimbursed without prior approval, in writing, from the President.

**Tips:** Reasonable tips to hotel and transportation personnel will be reimbursed. Tips for meals will be included in reimbursement for meals.

**Miscellaneous:** No more than \$3.00 per day without receipt.