

WFAA

Washington Financial Aid Association

EXPENSE REIMBURSEMENT FORM

Complete one copy of this form and submit it to:

Corinne Soltis
South Puget Sound Community College
Student Financial Services
2011 Mottman RD SW
Olympia, WA 98512

Email: csoltis@spscc.ctc.edu * Phone number: (360) 596-5221 * Fax number: (360) 596-5712

A receipt must accompany any request for reimbursement in excess of \$7.00.
A copy of this reimbursement form will be returned to you with your reimbursement check.

Name _____ Committee _____
Location _____ Date(s) _____

	<u>Amount Requested</u>	<u>Amount Approved</u>
TRANSPORTATION:		
Air Fare	\$ _____	\$ _____
Mileage Reimbursement		
# of miles _____ x .505 = _____	\$ _____	\$ _____
Parking	\$ _____	\$ _____
Taxi/Limousine/Bus	\$ _____	\$ _____
LODGING:	\$ _____	\$ _____

MEALS:

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>		
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

OTHER EXPENSES

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Totals	\$ _____	\$ _____

SIGNATURE _____
COMMITTEE CHAIR SIGNATURE (if necessary) _____

DATE _____
DATE _____

Make check payable to: Name _____
Mailing Address _____

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

DATE _____ CHECK # _____ AMOUNT _____

WFAA Treasurer's Signature _____