WFAA

Washington Financial Aid Association

EXPENSE REIMBURSEMENT FORM

Complete one copy of this form and submit it to:

Jim DeWilde
WFAA Treasurer
3756 Beazer Road
Bellingham, WA 98226-8886
Email: jim.dewilde@wwu.edu * Phone number: (360) 650-4634 * Fax number: (360) 788-0972

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):

TRANSPORTATION:				**Amount Requested**	**Amount Approved**
Air Fare				$	$
Mileage Reimbursement [ ] # of miles x $.505 =				$	$
Parking				$	$
Taxi/Limousine/Bus				$	$
LODGING:				$	$
MEALS:				$	$
Date	**Breakfast**	**Lunch**	**Dinner**		
	$	$	$	$	$
	$	$	$	$	$
	$	$	$	$	$
OTHER EXPENSES:					
				$	$
				$	$
				$	$
			TOTALS:	$	$

Signature:		Date:	
Committee Chair Signature (if necessary):		Date:	

Make check payable to:

Name:		
Mailing Address:		
City:	State:	Zip:

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

DATE:	CHECK #:	AMOUNT:
WFAA Treasurer's Signature:		