



# WFAA

## Washington Financial Aid Association

### EXPENSE REIMBURSEMENT CLAIM FORM

**Instructions:** After completing this form, print two copies. Send one copy with receipts for all expenses in excess of \$7.00 to the WFAA treasurer; retain one copy for your records. If you have expenses for more than one committee, use a separate Reimbursement Claim form for each committee. Reimbursement Claim forms must be submitted within 30 days of the date of the last receipt. WFAA reserves the right to deny a late reimbursement request. Submit this form with applicable receipts and signature to:

Louisa Diana, WFAA Treasurer  
 Gonzaga University  
 502 E Boone Ave  
 Spokane WA 99258-0072

Phone: (509)313-6804  
 Email: [treasurer@wfaa.org](mailto:treasurer@wfaa.org)

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

	Amount Requested	Amount Approved
<b>Transportation:</b>		
Airfare	\$	\$
Car _____ miles at \$0.540	\$	\$
Parking	\$	\$
Taxi / Bus	\$	\$

<b>Lodging: Meals</b>					
Date	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

<b>Lodging : Hotel</b>		
	\$	\$

<b>Other Expenses:</b>		
	\$	\$
	\$	\$
	\$	\$
<b>Total Reimbursement Requested</b>	\$	\$

Committee Chair Signature (if necessary): \_\_\_\_\_

Check Payable to: \_\_\_\_\_

Mailing address: \_\_\_\_\_

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Check number: \_\_\_\_\_ Dated: \_\_\_\_\_ Amount: \_\_\_\_\_

Treasurer Signature: \_\_\_\_\_