



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:

Linnea Hengst, WFAA Treasurer
Seattle Colleges
1500 Harvard Way
Seattle WA 98122

Phone: (206) 934-4048
Email: treasurer@wfaa.org

Name: _____ Committee: _____

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

Lodging: Meals					
Date	Breakfast	Lunch	Dinner		
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$

Lodging : Hotel		
	\$	\$

Other Expenses:		
	\$	\$
	\$	\$
	\$	\$
Total Reimbursement Requested	\$	\$

Committee Chair Signature (if necessary): _____

Check Payable to: _____

Mailing address: _____

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Check number: _____ Dated: _____ Amount: _____

Treasurer Signature: _____