



LOUISIANA ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS

Travel/Expense Claim Form



Claimant's Name: (Print) _____

Mailing Address: _____

City/State/Zip: _____

Purpose of Expense: _____

Location: _____

Dates of Expense: _____

Please charge these expenses to the following account:

| | |
|---------------------------|----------------------------|
| Administrative _____ | Conference/Training: _____ |
| Board of Directors: _____ | Bootcamp - Fall _____ |
| Travel _____ | Bootcamp - Spring _____ |
| Meals _____ | Dec. Training _____ |
| Other _____ | Fall _____ |
| Committee: _____ | FAST _____ |
| Scholarships: _____ | Spring _____ |
| SWASFAA: _____ | Upper Mgt. _____ |
| Technology: _____ | OTHER: _____ |
| Travel: _____ | _____ |

for reimbursement

credit card charge

Please use current state mileage rate.

| Date | Meals | | | Lodging | Gratuities | Airport Parking | Cabs Limo | Misc. Expense | Mileage | | Airfare | Daily Totals |
|---------------|-----------|-------|--------|---------|------------|-----------------|-----------|---------------|---------|--------|---------|--------------|
| | Breakfast | Lunch | Dinner | | | | | | Miles | @ 0.48 | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | |

By my signature I certify that the expenses claimed are true and that I will not be reimbursed by any other agency.

Claimant's Signature: _____

SIGNATURE DATE

LASFAA President Approval: _____

SIGNATURE DATE

LASFAA Committee Chair Approval (if applicable): _____

SIGNATURE DATE

LASFAA Treasurer: Lynette Viskozi LASFAA President: Patrick Gorman
 LASFAA Office of Financial Aid
 P.O. Box 53016 433 Boliver Street
 Shreveport, LA 71135 New Orleans, LA 70112
 FAX: 318-841-7266 FAX: (504) 599-1390

- a. Attach all receipts.
- b. Committee members mail to Committee Chair for approval
- c. Committee Chair mail to President for approval
- d. President will mail to Treasurer for payment