Mississippi Association of Student Financial Aid Administrators, Inc.
Miscellaneous Expense Claim Form

_____
Claimant Name

_____
Claimant Address

_____
City State Zip

_____
Claimant Telephone

_____
Charge to (Officer/Committee Name)

Submit your completed claim form to:

Brett Barefoot, MASFAA Treasurer
c/o University of Mississippi
PO Box 1848
University, MS 38677-1848

Fax: 662-915-1164

Certification: I CERTIFY THAT THE FOLLOWING IS A TRUE STATEMENT OF EXPENSES INCURRED BY ME ON OFFICIAL AUTHORIZED BUSINESS ON BEHALF OF MASFAA, INC.

_____
Signature Date

Description/Purpose of Expense	Amount
1.	
2.	
3.	
4.	

TOTAL EXPENSES:	
LESS: CASH ADVANCE:	
LESS: EXPENSES BILLED DIRECTLY TO MASFAA	
TOTAL REQUESTED:	

FOR TREASURER'S USE ONLY:
DATE RECEIVED: _____
APPROVED FOR PAYMENT: _____
DATE PAID: _____
BUDGET: _____
CHECK #: _____