

# Mississippi Association of Student Financial Aid Administrators, Inc.

## TRAVEL EXPENSE CLAIM

To: Brett Barefoot, MASFAA Treasurer  
 c/o University of Mississippi  
 PO Box 1848  
 University, MS 38677-1848 FAX# 662-915-1164

Directions: Please read the travel guidelines on the back of this form in order to determine allowable expenses. This form must show the complete itinerary of the traveler and the purpose of the trip. Claims not submitted within thirty (30) days may be disallowed. Payment of claims submitted within sixty (60) days shall require the approval of the President and Treasurer.

From: \_\_\_\_\_

The following expenses were incurred in attending the following meeting:

Address: \_\_\_\_\_

Meeting: \_\_\_\_\_

\_\_\_\_\_

Place: \_\_\_\_\_

\_\_\_\_\_

Dates: \_\_\_\_\_

DATE	MEALS				LODGING		TRANSPORTATION		OTHER EXPENSES		DAILY TOTAL
	BREAKFAST	LUNCH	DINNER	TOTAL MEALS	PLACE	AMOUNT	DESCRIPTION	AMOUNT	DESCRIPTION	AMOUNT	

I certify that the foregoing is a true statement of expenses incurred by me on Official Authorized Mississippi Association of Student Financial Aid Administrators Business.

\_\_\_\_\_  
 Claimant's Signature Date

<b>Total Claims</b>	
<b>Less advance or expenses billed directly to MASFAA</b>	
<b>Total Requested</b>	

**FOR TREASURER'S USE ONLY:** Date Rec'd \_\_\_\_\_ Approved for Payment \_\_\_\_\_ Date Paid \_\_\_\_\_ Budget \_\_\_\_\_ Check # \_\_\_\_\_