



Oregon Association of Student Financial Aid Administrators

Expense Reimbursement Form

Email, mail, or fax this form, with receipts for all expenses, except mileage and meals reimbursement, to:

Russell Seidelman, OASFAA Treasurer
 Office of Financial Aid, University of Portland
 5000 N Willamette Blvd
 Portland, OR 97203
 Fax: 503-943-7508 | Email: russman@up.edu

Claims for reimbursement must be forwarded to the OASFAA Treasurer for processing within 60 days of the date the expense was incurred. OASFAA reserves the right to deny a late reimbursement claim. OASFAA will not reimburse members for alcoholic beverages in conjunction with Executive Council meetings or Committee meetings.

Please Print Neatly:

Name: _____

Mailing Address: _____

Activity/Committee: _____

Activity/Location/Date: _____

(Please include date of activity)

Transportation: Airfare: \$ _____

Ground: # of miles _____ x \$0.58 (Updated 01.01.19) = \$ _____

Parking: \$ _____

Room & Board: Lodging Expenses: \$ _____

Meals:	Date	Breakfast	Lunch	Dinner
_____		\$10	\$15	\$30
_____		\$10	\$15	\$30
_____		\$10	\$15	\$30

Total Meal Costs \$ _____

Other Expenses: _____ \$ _____

_____ \$ _____

_____ \$ _____

TOTAL ALL EXPENSES: \$ _____

Signature: _____ Date: _____

Activity/Committee Chairman Signature: _____ Date: _____

Date Request Received by Treasurer: _____ Treasurer's Initials Approving Payment of Amounts Requested _____

The Following Check was Approved and Sent for the Above Request:

Date: _____ Check Number: _____ Amount: _____