



# 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:

Heather Hall Lewis, OASFAA Treasurer  
 Office of Financial Aid, University of Portland  
 5000 N Willamette Blvd  
 Portland, OR 97203  
 Fax: 503-943-7508 | Email: hallh@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 \$0.575 (Updated 1.1.20) = \$ \_\_\_\_\_

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: \_\_\_\_\_