



Oregon Association of Student Financial Aid Administrators Expense Reimbursement Form

Email, mail or fax this form, with receipts if required, to:
Shauna Harper, OASFAA Treasurer
Office of Financial Aid & Scholarships, University of Oregon
1278 University of Oregon
Eugene, OR 97403
Fax: (541) 346-1175 | Email: sharper2@uoregon.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, Committee or Annual Conference events.

Please print neatly:

Name: _____ Phone #: (____) _____
Street Address: _____
City, State, Zip: _____
Activity/Committee: _____
Location/Date: _____

TRANSPORTATION

Airfare (provide receipt): \$ _____
Ground: # of miles _____ x \$0.725 (updated 1.1.2026) \$ _____
Provide Google/Apple map printout showing route
Parking (provide receipt): \$ _____

LODGING & MEALS

Lodging (provide receipt): \$ _____
Meals: Reimbursement based on GSA per diem rate based on location of event.
Per diem rates can be found on the [General Services Administration's Per Diem Rates webpage](#).

Date & Location (list each day of travel separately)	Breakfast per diem	Lunch per diem	Dinner per diem	First/Last Travel Day GSA	Total
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Grand Total for Trip:					\$

Other Expenses (provide description and receipts):

_____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL ALL EXPENSES:

\$ _____

Signature: _____ Date: _____
Activity/Committee Chairman Signature: _____ Date: _____

Date request received by Treasurer: _____ Treasurer's initials approving payment of amounts requested: _____
Payment Date: _____ Bill pay _____ Check # _____ Amount: \$ _____