

MICHIGAN STUDENT FINANCIAL AID ASSOCIATION

Expense/Reimbursement Form

In order to receive reimbursement for approved Association expenses, this form should be received by the Treasurer **within 30 days** of incurring the expense and no later than the last day of December. Please be sure to have the appropriate approval signatures.

Make Check Payable to:
Send Check to this Person:
Address:

City:
State:
Zip:

Please print out this page and send it with your receipts to:

Angelene Harris
MSFAA Treasurer
Michigan State University
252 Student Services Bldg
East Lansing, MI 48911

Charge the expense to the following account:
If Other, please describe:
Purpose of this expense:

Expense/Reimbursement Breakdown

Expense	Total
Refreshments	
Printing	
Supplies	
Mileage: miles @ 50.0¢	
Other travel	
Speaker/Honorarium*	
Other (Specify)*	
Total of All Expenses:	

Receipts must be attached

*Prior Approval must be obtained

Approvals: _____
Claimant Signature/Date

Committee Chair or Officer/Date

The signature of the appropriate Chair or Officer is required before sending to the Treasurer.

Check # _____ Amount \$ _____ Date Paid _____

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