

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.

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Contact Information	
Make check payable to:	
Send check to this person:	
Address:	
City:	
Zip:	
Email address:	
Expense/Reimbursement Breakdown	
Expense Account:	
Expense	Total
Refreshments	\$
Printing	\$
Supplies	\$
Mileage: (# of miles x 0.56)	\$
Other Travel	\$
Speaker/Honorarium*	\$
Other (specify)*	\$
Total of All Expenses	\$ 0.00
Comments: Receipts must be attached	* Prior Approval must be obtained
Receipts must be attached	Filor Approvar must be obtained
Signatures	
Claimant Signature/Date	
Committee Chair or Officer/Date	
The signature of the appropriate Chair or 0	Officer is required before sending to the Treasurer
Instructions: Please print this page and send it with yo	ur receipte to
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ap7874@wayne.edu

Expense and Reimbursement Form

Valerie Culler MSFAA Treasurer Wayne State University 42 W. Warren Ave. Detroit, MI 48202

Form Revised: 06/01/23