



REIMBURSEMENT OF EXPENSE / PAYMENT REQUEST FORM

KASFAA recommends that you request permission from your institution or supervisor to volunteer in order to obtain support for your involvement. These volunteer committees are unpaid positions and the travel expenses to committee meetings will not be reimbursed.

Name	e-mail address		
School/Organization	Title		
Address	City	State	Zip
Phone	FAX		
Committee or Activity (List budget line item, if known)			

A. Itemized Travel Expenses for attendance at: _____

From: (mm/dd/yy) _____ To: (mm/dd/yy) _____

Hotel Expense:	\$
Car Expense @ .555 per mile:	\$
Other Transportation Expense:	\$
Meal Expense:	\$
Miscellaneous Expense:	\$

B. Itemized Expenses/Payment for: _____

Expense/Payment: _____	\$
Expense/Payment: _____	\$
Expense/Payment: _____	\$
TOTAL ALL EXPENSES/PAYMENTS:	\$

Make check payable to: _____

Mail check to: _____

Submitted by: _____

(Signature of Committee Chairperson or Officer) (Date Submitted)

(Print name and email address)

----- **NOTE: PLEASE ATTACH ALL RECEIPTS/INVOICES** -----

RETURN TO: Jennifer Hill
 KASFAA Treasurer
 Washburn University
 1700 SW College Ave
 Topeka, KS 66621

FAX 785/670-1079
 jennifer.hill1@washburn.edu