



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 @ 54¢ 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: X
 (Signature of Committee Chairperson or Officer) (Date Submitted)

 (Print name and email address)

NOTE: PLEASE ATTACH ALL RECEIPTS/INVOICES – (electronic or paper)

RETURN TO
(electronic or
paper and after
approved)

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