

# Pacific Financial Aid Association

## Claim for Reimbursement of Expenses

Instructions: 1) Prepare the form in duplicate. 2) Send one copy of the form with receipts for all expenses of \$3.00 (except meals, limo and cab) to the PacFAA Treasurer, after obtaining your Committee Chair's approval, if applicable. 3) Retain the second copy for your records. 4) Prepare a separate claim form for each category of expense, i.e. if you have expenses for more than one committee, use a separate claim for each. Claims for reimbursement must be forwarded to the PacFAA Treasurer for processing within 30 days of the date the expense was incurred. PacFAA reserves the right to deny a late reimbursement claim. Completed claims and receipts, along with the Committee Chair's approval, where applicable, should be submitted to:

PacFAA Treasurer  
 PO Box 235002  
 Honolulu HI 96823

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Activity: \_\_\_\_\_ Activity Date: \_\_\_\_\_

Activity Location: \_\_\_\_\_

	Amount Requested	Amount Approved
Transportation:		
Airfare	_____	_____
Ground @ \$0.585 per mile (# of miles _____ traveled)	_____	_____
Parking	_____	_____
Taxi/Limo/Bus	_____	_____
Rental Car	_____	_____

Per Diem:  
 Left home (date & time) \_\_\_\_\_ at \_\_\_\_\_ Returned home \_\_\_\_\_ at \_\_\_\_\_

Lodging Costs \_\_\_\_\_

Meals:

Date	Breakfast	Lunch	Dinner
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Cost for meals \_\_\_\_\_

Other expenses or bills (list):

\_\_\_\_\_  
 \_\_\_\_\_

TOTAL OF ALL EXPENSES: \_\_\_\_\_

Total Allowed

Date Completed: \_\_\_\_\_ Signature: \_\_\_\_\_

Approval of Committee Chair (if applicable): \_\_\_\_\_ Date: \_\_\_\_\_

The following check was approved and written for the above claims:

Date: \_\_\_\_\_ Check #: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

Treasurer's Initial: \_\_\_\_\_ Budget Category: \_\_\_\_\_