



# Vermont Association of Student Financial Aid Administrators Expense Report

Make Check Payable To:

Name			
Address 1			
Address 2			
City			
State		Zip	
Phone Number			

Report Submitted By:

Name			
Address 1			
Address 2			
City			
State		Zip	
Phone Number			
Email Address			

Receipts must be attached in order to be reimbursed.

Expenses	Dates	Details	Amount
Transportation		Air Taxi Rental Other	
		Air Taxi Rental Other	
		Air Taxi Rental Other	
		Air Taxi Rental Other	
Own car		Mileage:	
Lodging		Location:	
		Location:	
		Location:	
		Location:	
Meals			
Conference fees		Purpose:	
		Purpose:	
Other		Purpose:	
		Purpose:	
		Purpose:	
		Purpose:	
Subtotal			
Less amount paid by VASFAA			
Total amount owed			
Signature			Date