

**SOUTHERN ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS, INC.
MISCELLANEOUS EXPENSES CLAIM FORM**

SUBMITTED BY: _____
 ADDRESS: _____

 City, State, Zip
 TELEPHONE: _____

SUBMIT YOUR COMPLETED CLAIM FORM TO:
 Terri Parchment
 SASFAA Treasurer
 104 Brazzell Avenue
 Dickson, TN 37055

MAKE CHECKS PAYABLE TO (if other than above): _____

CHARGE TO (Officer/Committee Name): _____ Budget Code: _____

CERTIFICATION: I certify that the following is a true statement of expenses incurred by me on official authorized business on behalf of SASFAA, Inc. **Receipts are required as documentation of your expenses.**
 Signature: _____ Date: _____

DESCRIPTION/PURPOSE OF EXPENSE	AMOUNT
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____

TOTAL EXPENSES:	\$ _____
LESS: Cash Advance:	- \$ _____
LESS: Expenses Billed Directly to SASFAA:	- \$ _____
TOTAL REQUESTED:	\$ _____

FOR PRESIDENT'S USE ONLY	FOR TREASURER'S USE ONLY
Payment approved in the total of: _____	Date Paid: _____ Check No.: _____
Budget Code: _____	Amount Paid: \$ _____
Signature: _____	Budget Code: _____