

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

SUBMITTED BY: _____

SUBMIT YOUR COMPLETED CLAIM FORM TO:

ADDRESS: _____

Jeff Dennis, SASFAA Treasurer
Southern Wesleyan University
907 Wesleyan Drive, PO Box 1020
Central, SC 29630

City, State, Zip

TELEPHONE: _____

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 my 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: _____
Budget Code:	Check No.: _____
Signature: _____	Amount Paid: \$
	Budget Code: _____