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:
Nancy Garmroth, SASFAA Treasurer
Spartanburg Community College
P.O. Box 4386
Spartanburg, SC 29305

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

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

CERTIFICATION: I certify that that 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: _____	