

Colorado Association of Financial Aid Administrators

Expense Payment Form

Pay to: _____

Institution/Agency: _____

Address: _____

Purpose: _____

Submit to: Jerry Martinez, Treasurer
Colorado School of Mines
Ben Parker Student Center
1600 Maple Street
Golden, CO 80401
Email: jerry.martinez@is.mines.edu
Fax: 303-384-2252
Phone:303-273-3319

Table 1. Indicate Category of Expenditures with check mark (√)

<i>Committee</i>	<i>Board of Directors</i>	<i>Executive Committee</i>
Conference	Vocational/Tech	President
Diversity Issues	2-year Public	President-Elect
Financial Aid Awareness	4-year Public	Past President
Membership	4-year Private	Vice President
Newsletter	Proprietary	Secretary
Professional Development	Service Sector	Treasurer
Service Organizations		
Technology		
Historian		

Table 2. Enter amount to be paid by type of expense

<i>Type of Expense</i>	<i>Maximum Allowable</i>	<i>Amount to be Reimbursed</i>
Transportation (car)	\$.50 per mile (complete Table 3 below & enter total here)	\$
Transportation (air)	Airline/Ticket Receipt	\$
Lodging	Actual Receipt	\$
Meals	Per Diem (State rates)	\$
Registration Fee	Actual Receipt	\$
Taxi	Actual Receipt + tip	\$
Printing/Copying Costs	Attach Invoice(s)	\$
Postage	Actual Receipt	\$
Awards & Plaques	Attach Invoice(s)	\$
Professional Fees	Attach Invoice or Bill	\$
Other supplies	Attach Invoice(s)/Receipts	\$
Conference Costs	Attach Invoice(s)/Receipts	\$
Conference Refunds	Attach List (including mailing address)	\$
Other – Please Specify	Attach Receipt(s)	\$
		\$
Total		\$

Table 3. Complete one line for each trip taken. Enter total amount to be reimbursed in Table 2. Attach additional sheet if necessary.

<i>Date</i>	<i>Travel from</i>	<i>Travel to</i>	<i>Number of miles</i>	<i>Amount</i>
				\$
				\$
				\$

I certify that the above expenses are correct and that these expenditures have not been reimbursed by any other source. Necessary receipts and invoices have been attached.

Signature of Requester

Printed Name

Date

Committee Chair Approval