



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 (e.g. Conference Fee, Lodging, Meals, etc.)	Dates	Expense Details	Amount
Subtotal			
Less amount pre-paid by VASFAA			
Total amount owed			
Signature		Date	
Authorized Signature		Date	