



# Oregon Association of Student Financial Aid Administrators Expense Reimbursement Form

Email, mail or fax this form, with receipts if required, to:  
 Leslie Lloyd, OASFAA Treasurer  
 Linn Benton Community College  
 6500 Pacific Blvd SW  
 Albany, OR 97321  
 Email: [lloyd@linnbenton.edu](mailto:lloyd@linnbenton.edu)

Claims for reimbursement must be forwarded to the OASFAA Treasurer for processing within 60 days of the date the expense was incurred. OASFAA reserves the right to deny a late reimbursement claim. OASFAA will not reimburse members for alcoholic beverages in conjunction with Executive Council, Committee or Annual Conference events.

**Please print neatly:**

Name: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_  
 Activity/Committee: \_\_\_\_\_  
 Location/Date: \_\_\_\_\_

**TRANSPORTATION**

**Airfare** (provide receipt): \$ \_\_\_\_\_  
**Ground**: # of miles \_\_\_\_\_ x \$0.725 (updated 1.1.2026) \$ \_\_\_\_\_  
 Provide Google/Apple map printout showing route  
**Parking** (provide receipt): \$ \_\_\_\_\_

**LODGING & MEALS**

**Lodging** (provide receipt): \$ \_\_\_\_\_  
**Meals**: Reimbursement based on GSA per diem rate based on location of event.  
 Per diem rates can be found on the [General Services Administration's Per Diem Rates webpage](#).

Date & Location (list each day of travel separately)	First/Last Travel Day GSA	Breakfast per diem	Lunch per diem	Dinner per diem	Total
	\$				\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$
Grand Total for Trip:					\$

**Other Expenses** (provide description and receipts):

\_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_  
 \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL ALL EXPENSES:**

\$ \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Activity/Committee Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Date request received by Treasurer: \_\_\_\_\_ Treasurer's initials approving payment of amounts requested: \_\_\_\_\_  
 Payment Date: \_\_\_\_\_ Bill pay \_\_\_ Check # \_\_\_\_\_ Amount: \$ \_\_\_\_\_