



# Oregon Association of Student Financial Aid Administrators Expense Reimbursement Form

Email, mail or fax this form, with receipts if required, to:  
Shauna Harper, OASFAA Treasurer  
Office of Financial Aid & Scholarships, University of Oregon  
1278 University of Oregon  
Eugene, OR 97403  
Fax: (541) 346-1175 | Email: [sharper2@uoregon.edu](mailto:sharper2@uoregon.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 \$0.67 (updated 1.1.2024) \$ \_\_\_\_\_  
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)	Breakfast per diem	Lunch per diem	Dinner per diem	First/Last Travel Day GSA	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: \$ \_\_\_\_\_