



This form should be used to request payment from IASFAA to a third-party vendor. This form should be received by the current IASFAA Treasurer within 30 days of receiving the third-party billing statement. In order to ensure timely payment to the vendor, be sure to include all relevant documents when submitting.

Please charge to the following Committee:

Date(s) of Activity: Begin:  End:

Purpose/Place of expense:

**Expense Breakdown (please attach invoices and/or other documentation)**

Expense Description	Vender Name	Amount of Expense	Comments, if any
Total of Check Request			

**Make Check Payable to:**

Name	<input type="text"/>
Street Address	<input type="text"/>
City, State, Zip	<input type="text"/>

Expense form submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Committee: \_\_\_\_\_

Expense line: \_\_\_\_\_

Approved by Committee Chair: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to:**

Tristan Lynn  
IASFAA Treasurer  
Iowa College Student Aid  
Commission  
475 SW 5th St., Suite D  
Des Moines, IA 50309  
Email: [tristan.lynn@iowa.gov](mailto:tristan.lynn@iowa.gov)  
Fax: 515-725-3401

