

**Iowa Association of Student Financial Aid Administrators
Expense Voucher**

Make check payable to: _____

Address: _____

Please attach receipts for the expenses greater than \$10 (except for mileage)

Date	Description	Lodging	Food	Travel (mileage/airfare)	Supplies (printing)	Total

Committee:	Expense Line :
Expense Voucher Submitted by:	Date:
Approved by Committee Chair:	Date:
<i>Printed name</i>	<i>Signature</i>

Expense Reimbursement Policy

IASFAA members who incur expenses while officially performing activities on behalf of the Association and who will not be receiving reimbursement from their institutions will be reimbursed for expenses. Reimbursement will be made through the use of an Expense Voucher. The member requesting reimbursement must complete this form as soon as possible after the expense is incurred. Receipts are required for expenses in excess of \$10 with the exception of mileage.

The Expense Voucher must be signed by both the requester and the committee chair or President. If the requester is a committee chair, the President's signature is required. If the requester is the President, the Vice President's signature is required. The committee chairperson/President/Vice President should review the form to verify that the expense is appropriate and that the committee or project budget is sufficient to cover the claim. The form is forwarded to the Treasurer who will write the check and mail it to the member.

Rate for mileage is established by the Executive Council and shall not exceed the federal limit. Mileage will be reimbursed at the rate of 62.5 cents per mile (Beginning July 1, 2022). Parking costs will be reimbursed with receipt. Actual airfare will be reimbursed for air travel approved by the Executive Council. Ground transportation between the airport and the point of destination will be reimbursed, as well as parking fees at and mileage to and from the airport of origin.

In-state meal costs will be reimbursed at a per diem rate of \$35 plus a reasonable gratuity. Out-of-state meal costs in excess of \$35 will be reimbursed upon approval of the President or Committee Chair. Hotel accommodations will be reimbursed at the actual room rate charged. Members are encouraged to share room costs whenever possible. One personal phone call per day, not to exceed \$5 including any hotel phone access fees, will be reimbursed.

Conference/meeting registration fees will be reimbursed when the member is representing the Association.

Other expenses including printing, supplies, postage, etc. are normally reimbursable when incurred on behalf of the Association. Members are requested to maintain costs at reasonable levels. Receipts are required when outside services are utilized. The Treasurer, at his/her discretion, may require additional documentation in any situation.

Print, sign, and fax or mail completed form to:

**Sara Sroka
IASFAA Treasurer
University of Dubuque
2000 University Ave
Dubuque, IA 52001
Email: ssroka@dbq.edu
Fax: 563-589-3690**

** For Treasurer Use Only **
Check # _____
Amount \$ _____
Date: _____