



# SC Association of Student Financial Aid Administrators

## Mileage Reimbursement Voucher

The Association will partially reimburse mileage expenses from the home institution for officers, committee chairs and committee members, upon request, for attendance at officially called committee meetings and for officers and committee chairs at Executive Board meetings held separately from conferences. Committee chairs should schedule meetings in locations that will minimize travel for committee members. Reimbursement may not be requested for travel when a committee meeting is held in conjunction with a major association function (such as Fall and Spring Conferences, Decentralized Training, etc.). In addition to the above restrictions, state mileage reimbursement rate as of July 1<sup>st</sup> (\$.505 for 2009-2010) may be requested if:

1. Round trip travel equals or exceeds 50 miles, and
2. The appropriate committee chair has budgeted for travel and has funds available, and
3. The member's institution/agency is unwilling/unable to reimburse the travel expense.
4. This section does not apply to travel covered under other sections of the Association's manual. The President may approve travel reimbursement for other situations not covered by this section on a case-by-case basis.

Reimbursement Vouchers **must be submitted within 30 days to the committee chair** after the meeting has occurred. After 30 days have elapsed, reimbursement vouchers will not be accepted.

Date Reimbursement Requested: \_\_\_\_\_

Date of Schedule Event/Meeting: \_\_\_\_\_

Event/Meeting Location: \_\_\_\_\_ / \_\_\_\_\_

Institution/Agency traveling from: \_\_\_\_\_

Total Round Trip Mileage: \_\_\_\_\_

Requested by:

Make check payable to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
City State Zip Code

I certify that all of the above conditions have been met in making this request for mileage reimbursement.

\_\_\_\_\_  
Requester Signature

\_\_\_\_\_  
Date

Chairperson approval: \_\_\_\_\_ Date: \_\_\_\_\_

Submit form to:

**University of South Carolina Lancaster  
Kenneth T. Cole; SCASFAA Treasurer**

**Via mail:  
PO Box 889  
Lancaster, South Carolina 29721**

**Or by fax: 803-313-7116**

**Questions: 803-313-7069 or  
colekt@mailbox.sc.edu**

### **Treasurer's Use Only**

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Budget Code #: \_\_\_\_\_

Check #: \_\_\_\_\_

Approved for \_\_\_\_\_

Payment: \_\_\_\_\_