**SOUTH CAROLINA ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS**
**TRAVEL EXPENSE VOUCHER**

Claimant: _____

Address: _____
_____
_____

Departure Date: _____ Time: _____
Return Date: _____ Time: _____

Directions: Please read the travel guidelines on the back of this form to determine allowable expenses. This form must be completed and submitted with a copy of meeting details. Claims not submitted within 30 days may be disallowed.

**The following expenses were incurred in attending the following meeting:**

Meeting: _____
Location: _____
Dates: _____

| Date | Meals | | | | Lodging | Transportation | | Cabs or Limo | Other Expenses | | Daily Total |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | Breakfast | Lunch | Dinner | Total | | Description | Amount | | Description | Amount | |
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I certify that the foregoing is a true statement of expenses incurred on official, authorized SCASFAA business.

_____
Claimant's Signature Date

TOTAL OF CLAIMS: _____

LESS ADVANCE OR EXPENSES BILLED DIRECTLY TO SCASFAA: _____

AMOUNT DUE CLAIMANT: _____

**For Treasurer's Use Only**

Date Received: _____

Date Paid: _____

Budget Code # _____

Check # _____

Approved for Payment: _____

Submit Travel Expense Voucher with receipts to:

**York Technical College**
**Nikisha Dawkins; SCASFAA Treasurer**
**452 S. Anderson Rd**
**Rock Hill, South Carolina 29730**

803-981-7136 ndawkins@yorktech.edu Fax: 803-981-7278