

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

Claimant: _____

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.

Address: _____

The following expenses were incurred in attending the following meeting:

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

Meeting: _____
 Location: _____
 Dates: _____

Date	Meals				Lodging	Transportation		Cabs or Limo	Other Expenses		Daily Total
	Breakfast	Lunch	Dinner	Total		Description	Amount		Description	Amount	

I certify that the foregoing is a true statement of expenses incurred on official, authorized SCASF AA business.

TOTAL OF CLAIMS: _____

Claimant's Signature _____ Date _____

LESS ADVANCE OR EXPENSES BILLED DIRECTLY TO SCASF AA: _____

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:

Newberry College
Missy Lutz; SCASF AA Treasurer
2100 College Street
Newberry, SC 29108
missy.lutz@newberry.edu
Fax: 803-321-5632