

**TENNESSEE ASSOCIATION OF STUDENT FINANCIAL AID ADMINISTRATORS
MISCELLANEOUS EXPENSE CLAIM FORM**

Claimant Name: _____

Submit Completed Form To:

Claimant Address: _____

City State Zip

Amy Collins
TASFAA Treasurer
East TN State University
Office of Student Financial Aid
P.O. Box 70722
Johnson City, TN 37614
Phone: 423-439-5685
Fax: 423-439-5855

Claimant Telephone: _____

Make Check Payable to (If other than claimant): _____

Charge to (Budget Category): _____

Budget Code: _____

Certification: I certify that the following is a true statement of expenses incurred by me on official authorized business on behalf of TASFAA.

Signature: _____

Date: _____

Description/Purpose of Expense	Amount
1. _____ _____	\$ _____
2. _____ _____	\$ _____
3. _____ _____	\$ _____

Total Expenses: \$ _____

Less: Cash Advance: - \$ _____

Total Requested: \$ _____

For Treasurer's Use Only	
Date Paid: _____	Check No: _____
Amount Paid \$ _____	Budget Code: _____