



**INDIANA STUDENT FINANCIAL AID ASSOCIATION  
REQUEST FOR PAYMENT**

Name of member requesting payment \_\_\_\_\_

Address \_\_\_\_\_

Name of committee or activity \_\_\_\_\_

Date(s) expense(s) incurred \_\_\_\_\_

Make check payable to (if different from above) \_\_\_\_\_

Mailing address (if different from above) \_\_\_\_\_

**\*Please attach required receipts**

Mileage: 40 cents per mile X \_\_\_\_\_ miles, round trip \_\_\_\_\_ to \_\_\_\_\_ \$ \_\_\_\_\_

Parking ..... \$ \_\_\_\_\_

Postage ..... \$ \_\_\_\_\_

Printing & copying. .... \$ \_\_\_\_\_

Office Supplies ..... \$ \_\_\_\_\_

Telephone ..... \$ \_\_\_\_\_

Lodging ..... \$ \_\_\_\_\_

Meals – indicate quantity each: \_\_\_\_\_ breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

Less: ISFAA Cash Advance \$ \_\_\_\_\_

**TOTAL** \$ \_\_\_\_\_

**\*Required receipts:** Air transportation (if authorized), parking, lodging, registration fees, supplies, telephone, postage, printing, and miscellaneous exceeding \$5.00. No receipts required for meals (if authorized) and/or mileage

\_\_\_\_\_  
Signature of member requesting payment

\_\_\_\_\_  
Counter signature (see back of form)

Date \_\_\_\_\_

Date \_\_\_\_\_

# ISFAA Expense Reimbursement Policy & Procedure

## POLICY

### **Mileage**

Mileage will be reimbursed per mile traveled when using a person or institutional automobile at the rate approved by the executive committee at the beginning of the ISFAA fiscal year. All members are asked to submit a MapQuest map detailing their travel for any mileage request submitted. Parking costs will be reimbursed in addition to the basic mileage rate with a valid receipt. ISFAA will reimburse for mileage for financial aid presentations, such as high school nights, when the member is representing the association and will not be reimbursed by his/her institution. Checks must be payable to the member requesting reimbursement.

### **Air Fare**

When distance and time require air travel, ISFAA will reimburse the actual airfare. Ground transportation from the airport to the meeting destination and back will also be reimbursed, as will airport parking at the airport of origin.

### **Meals**

Meals not covered by registration fees will be reimbursed according to the following schedule:

Breakfast	\$10.00
(For travel beginning by 7:00 a.m.)	
Lunch	\$14.00
(For multi-day meetings only)	
Dinner	\$26.00
(For travel ending after 6:00 p.m.)	

### **Lodging**

Lodging will be reimbursed at the actual room rate charged by the hotel. Members are encouraged to share room costs whenever possible.

### **Registration Fees**

ISFAA will reimburse for registration fees only in those instances when the member would not otherwise have attended the meeting. If the member would normally attend on behalf of his or her institution, ISFAA will not reimburse.

### **Other**

Other necessary costs will be reimbursed for one meeting per year. The committee member submits a reimbursement request countersigned by the committee chair.

Printing, postage, supplies and telephone charges are normally reimbursable when incurred on behalf of the association.

Members may make arrangements for direct billing to ISFAA if the expense is recurring or of significant cost; however, the bill should be mailed directly to the member who then follows the reimbursement procedure below.

## PROCEDURE

Reimbursement will only be made through the use of a Request for Payment Form. The form must be completed by the member requesting reimbursement as soon as possible but no later than thirty (30) days (vacations and holidays excepted) after the date the expense occurred or the date on which the member was billed, whichever occurs first. Failure to request payment within thirty (30) days may result in nonpayment of the reimbursement request by ISFAA.

The form must be signed by the member and the appropriate committee chairman, commission director, President, or President-Elect. The counter signature should be that of the person at the closest level to the member requesting reimbursement (committee chairs will sign for members, commissioners for chairs, the President for Executive Committee members, President-Elect for President). Those counter-signing should review the form to verify that the expense is appropriate and that the committee or project budget is sufficient to cover the claim. They should countersign the form and forward it to the treasurer within five (5) working days (vacations and holidays excepted). The Treasurer will write the check and mail it to the member within five (5) additional working days (vacations and holidays excepted).