

MAFAA EXPENSE FORM

FUNDS TO BE CHARGED TO WHICH COMMITTEE / TASK FORCE / PROGRAM:

Committee/Task Force/Program: _____
 (If funds should come from a *Restricted Fund*, please indicate here: _____)

EXPENSE NOTES: (date, purpose, past year expenses, etc.)

Copying/Printing	\$ _____	(*** PLEASE ATTACH RECEIPTS ***) (Additional Comments may be made here.)
Communications	\$ _____	
Lodging	\$ _____	
Meals (no alcohol reimbursed)	\$ _____	
Postage	\$ _____	
Purchased Services	\$ _____	
Supplies/Materials	\$ _____	
Taxi/Parking	\$ _____	
Transportation	\$ _____	
(\$0.50 /mile x _____ miles)	\$ _____	
Other: (Identify)		
_____	\$ _____	
TOTAL	\$ _____	

MAKE CHECK PAYABLE TO: (please print) _____
 MAIL TO: _____

SUBMITTED BY: _____ DATE: _____
 PHONE NUMBER: _____
 APPROVED BY: _____ DATE: _____

Before payment can be made, requests:	SUBMITTED BY:	must be	APPROVED BY:
	Appointed Position	....	President
	Committee Member	....	Committee Chair
	Committee Chair	....	Vice-President
	Exec. Council	....	President
	President	....	President-Elect
	Task Force Member	....	Task Force Chair
	Task Force Chair	....	Vice-President

Send completed form to: *Kerri Schmidt – MAFAA Treasurer-Elect*
 Business Office & Financial Aid Office
 Minnesota State College Southeast Technical
 308 Pioneer Road
 Red Wing, MN 55066

Treasurer Info Only:
Date Paid: _____
Check #: _____