

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

Claimant Name: \_\_\_\_\_

Submit Completed Form To:

Claimant Address: \_\_\_\_\_

Ashley Bianchi  
TASFAA Treasurer  
Rhodes College  
Office of Student Financial Aid  
2000 N. Parkway  
Memphis, TN 38112  
Phone: 901-843-3810 Ext. 3808  
Fax: 901-843-3435

\_\_\_\_\_  
City State Zip

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: _____