

# CASFAA 2008 Visa Gold Credit Card Notification

(Please submit within 30 days of expense or December 24 of expense year, whichever is earlier)

Authorized Visa User: \_\_\_\_\_

Project: \_\_\_\_\_

Telephone number of CASFAA member submitting form: \_\_\_\_\_

E-mail address: \_\_\_\_\_

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## Travel Expenses: (Please see reverse side for CASFAA Reimbursement Policy and Payment Guidelines)

Traveler(s) for Whom Expenses were paid: \_\_\_\_\_

Purpose of Travel: \_\_\_\_\_

Destination: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Airfare (attach **ORIGINAL** ticket receipt) \$ \_\_\_\_\_

Parking/Tolls (attach **ORIGINAL** receipt) \$ \_\_\_\_\_

Other Transportation (attach **ORIGINAL** receipts and itemize) \$ \_\_\_\_\_

Lodging (attach **ORIGINAL** receipts) \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

**TOTAL TRAVEL EXPENSES:** \$ \_\_\_\_\_

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## Materials/ /Postage/Supplies Reimbursements: (Please see reverse side)

Printing Expense (attach **ORIGINAL** invoices/receipts and explain)  
\_\_\_\_\_ \$ \_\_\_\_\_

Postage/Shipping (attach **ORIGINAL** invoices/receipts and explain)  
\_\_\_\_\_ \$ \_\_\_\_\_

Other Expenses (attach **ORIGINAL** invoices/receipts and explain)  
\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL OTHER EXPENSES:** \$ \_\_\_\_\_

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**TOTAL EXPENSES FOR WHICH REIMBURSEMENT IS REQUESTED:** \$ \_\_\_\_\_

Claimant Signature \_\_\_\_\_ Date \_\_\_\_\_

(By my signature, I certify that I have/will not be (en) reimbursed by any other agency for any portion of the requested reimbursement. Guidelines are available at [http://www.casfaa.org/docs/toc\\_forms.html](http://www.casfaa.org/docs/toc_forms.html))

Committee/Project Chair sends approved/signed form to:

Tom H Ma  
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University of California - Irvine  
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Irvine, CA 92697