



SDASFAA Reimbursement Form

TO: SDASFAA Treasurer
FROM: _____
DATE: _____
RE: REIMBURSEMENT FOR EXPENSES INCURRED FOR SDASFAA

Date(s) of incurred expenses: _____

Committee or activity: _____

Itemized list of expenses: (receipts attached)

Please make check payable to: _____

Mail check to: _____

Submitted by: _____

Approved by: _____

SDASFAA Check #: _____

Date of Check: _____

Return to: Shyan Smith, SDASFAA Treasurer
South Dakota State University
1175 Medary Ave Box 511A
Brookings SD 57007
Fax: 605-688-5882