



# EXPENSE REIMBURSEMENT VOUCHER

Mail or fax completed voucher to:  
Texas Community College Teachers Association  
5113 Southwest Parkway, Suite 185  
Austin, Texas 78735  
FAX: (512) 328-1086

DATE: \_\_\_\_\_  
PAY TO: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### OPERATING EXPENSES (Attach receipts or statements for all items.)

Description	Amount
_____	\$ _____
_____	_____
_____	_____
_____	_____
<b>Total Operating Expenses.....</b>	<b>\$ _____</b>

### TRAVEL EXPENSES

Purpose of Travel: \_\_\_\_\_  
 Destination: \_\_\_\_\_  
 Mileage: \_\_\_\_\_ miles @ \$ .\_\_\_\_\_ per mile..... \$ \_\_\_\_\_  
 Meals: \_\_\_\_\_ meals (attach receipts)..... \_\_\_\_\_  
 Lodging: \_\_\_\_\_ nights (attach receipts)..... \_\_\_\_\_  
 Airfare: \_\_\_\_\_ tickets (attach receipts)..... \_\_\_\_\_  
 Other Travel Expenses: (explain and attach receipts)  
 \_\_\_\_\_  
 \_\_\_\_\_  
**Total Travel Expenses..... \$ \_\_\_\_\_**

**Total Operating and Travel Expenses ..... \$ \_\_\_\_\_**

*I certify that the above voucher represents expenses actually incurred exclusively in behalf of the Texas Community College Teachers Association and that payment has not been received.*

X \_\_\_\_\_

Approved: \_\_\_\_\_

5113 Southwest Parkway  
Suite 185  
Austin, Texas 78735  
(512) 328-2044

Budgeted funds available?  
Yes \_\_\_\_ No \_\_\_\_ By \_\_\_\_  
If budgeted funds are not available, approval of Executive Director is required.

\_\_\_\_\_  
Executive Director, TCCTA

FOR USE OF STATE OFFICE			
Account No.	Amount	Total Amt.	Date of Check
			Check No.