

TMEA Region 17 Expense Sheet

Instructions: Please fill out this expense sheet in its entirety, staple receipts as requested to the back of this form, and return to the Division Chairman or Region Secretary-Treasurer.

First Name	Last	Date
Street Address		Home Phone
City	State	Zip
		Work Phone

<u>Clinician Salary</u>	=	
Travel Expenses:		
Actual mileage driven _____ x \$.25/mile	=	
Airfare (Please attach receipt to back)	=	
Parking (Please attach receipt to back)	=	
Meals (Please attach receipts or \$4 breakfast, \$5 Lunch, \$7 Dinner)	=	
Hotel (Please attach receipt to back)	=	

<u>Adjudication Salary</u>	=	
No travel expenses paid.		

<u>Supply Expenses</u> (Please list and attach receipts to back)		
	=	

Grand Total = _____

I certify that these expenses are correct and payment in the amount listed in the grand total line should be made to the above mentioned person for services rendered.

Signature of division chairman	Paid check # _____	
	Date	

TMEA Region 17 Jim Koch Secretary-Treasurer 27 Lake Road Lake Jackson, Texas 77566 jimkoch@bucband.org	Home phone Work phone Fax	(979) 299 6633 (979) 730 7303 (979) 266 2447
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