



# REIMBURSEMENT REQUEST

Date Submitted: \_\_\_\_\_ Date Received: \_\_\_\_\_

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

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

Trip Destination: \_\_\_\_\_ Time Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Purpose: \_\_\_\_\_

Workgroup: \_\_\_\_\_

Please refer to Standing Rules Reimbursement Policies and Procedures for additional information. A completed report must be submitted to the Director within 10 days after return from trip with original receipts attached. Alcohol will not be reimbursed and meals for TxOHC staff are limited to \$40/day in-state and \$71/day for out-of-state travel.

**Transportation:**

Airfare or \$ \_\_\_\_\_

Automobile – Bing or MapQuest attached  
(Computed Road Map Mileage at \$.50 per mile) \_\_\_\_\_

**Other Expenses:**

Lodging \_\_\_\_\_

Meals \_\_\_\_\_

Taxi \_\_\_\_\_

Parking \_\_\_\_\_

Car Rental \_\_\_\_\_

Registration Fees \_\_\_\_\_

Photocopying \_\_\_\_\_

Phone \_\_\_\_\_

Miscellaneous (Explain and Attach Support) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total Expenditures:** \$ \_\_\_\_\_

**Total Expenditures:** \$ \_\_\_\_\_

**Prepaid Items:**

Travel Advance \$ \_\_\_\_\_

Airline Tickets \_\_\_\_\_

Lodging \_\_\_\_\_

Car Rental \_\_\_\_\_

Registration \_\_\_\_\_

Other – Explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Less Total Prepaid \$ \_\_\_\_\_

Difference \$ \_\_\_\_\_

**Amount Due** \$ \_\_\_\_\_

For Treasurer's Use

Date Received: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Check No: \_\_\_\_\_

**Please include a SASE with your reimbursement request. – Thank you!**

**Mail to:** Beth Stewart  
TxOHC  
4614 Bowie Dr.  
Midland, TX 79703