

TASO RGV CHAPTER
2020 State Clinic Travel Reimbursement Voucher

*(Voucher is to be filled out by each attendee accurately and receipts attached before reimbursements are made)
(All reimbursements authorized as per 2020 State Clinic Travel Reimbursement RGV Chapter Guidelines)*

Member Name: _____ TASO ID# _____

Phone #: _____ Date: _____

TRAVEL:

Reimbursement for actual fuel costs: (no mileage, fuel only receipt required) \$ _____

LODGING:

Arrangements: *DOUBLE OCCUPANCY (Full Reimbursement)*
SINGLE ROOM (1/2 Reimbursement)

Hotel Roommate: _____

Full Reimbursement for Double Occupancy or 1/2 for Single Occupancy
(Hotel FOLIO Receipt Required for ALL Reimbursements) (2 Nights) \$ _____

MEALS: (Receipt Required-Reimbursement will not exceed \$15 per day, 3 Days) \$ _____

OTHER APPROVED EXPENSES: _____ \$ _____

TOTAL \$ _____

OFFICE USE ONLY

AMOUNT PAID: _____ CHECK #: _____

RECEIVED BY: (PRINT) _____

SIGNATURE: _____

Print, Fill, Attach Receipts, and mail to: **TASO RGV, c/o: Romeo Garcia, P.O. Box 863, Donna, TX. 78537**

OR hand deliver to Romeo Garcia-Treasurer