

TASO RGV CHAPTER

2023 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 2022 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 \$30 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: Louis Henggeler, P.O. Box 863, Donna, TX. 78537**

OR hand deliver to **Louis Henggeler** -Treasurer