**RGV TASO Baseball Chapter**

**2025 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 2025 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 Name (Print):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Full Reimbursement for Double Occupancy or ½ 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**