



Texas Chapter
International Society
of Arboriculture

2013 Oakwood Trail, College Station, Texas 77845 · Phone 979.324.1929 · Fax 979.680.9420

Travel Expense Reimbursement Request Form

Date: _____

Activity/Event Attended: _____

Group Represented (i.e. committee, Board, volunteer, etc.): _____

Name: _____ Signature: _____

Location Visited: _____

Dates of Travel: From _____ To _____

Expenses	Public Carrier	\$ _____	(Receipt required)
	Private Automobile	_____	_____ miles at <u>.565¢</u> /mile
	Lodging	_____	(Receipt required)
	Meals	_____	(Detail on reverse)
	Car Rental	_____	(Receipt required)
	Gas	_____	(Receipt required)
	Tips	_____	(Detail on reverse)
	Entertainment	_____	(Detail on reverse)
	Taxi	_____	(Receipt required)
	Telephone	_____	(Detail on reverse)
	Parking & Tolls	_____	(Receipt required)
	Other Expenses	_____	(Detail on reverse)
	Total Expenses	\$ _____	
	Less Travel Advance	- _____	
	Total Due Employee or Organization	\$ _____	(Attach check)

Approved by Name: _____

Signature: _____

Date: _____

For Accounting Use:			
Account #	\$ Amount	Account #	\$ Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



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Date	Establishment/Vendor	Amount	Other Expenses