



TEDA

Request for Reimbursement of TEDA Travel Expenses

Person Requesting Reimbursement (Check will be sent to this person):

Name: _____
Street: _____
City, State, Zip _____
Phone: _____

Date and event or reason for travel:

Expenses requesting reimbursement for:
Receipts required, please attach.

Travel:

Auto _____ miles @ \$ _____ (use state rate) \$ _____
Airfare \$ _____
Hotel: \$ _____

Meals:

Breakfast: _____ x _____ \$ _____
Lunch: _____ x _____ \$ _____
Dinner: _____ x _____ \$ _____

Other: _____ \$ _____
_____ \$ _____
_____ \$ _____

TOTAL Requested: \$ _____

Send form to: Brenda Keys
TEDA Treasurer
23707 Megan Street
Spring, TX 77373

For treasurer's use only:

Date Received _____ Date Mailed/Given to Person _____
Check Number _____ Date of Check _____