



TEDA

Request for Reimbursement of TEDA Board Budgeted Expenses

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

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

Budget Line Expense Item(s) requesting reimbursement for (be specific in description):
Receipts required, please attach.

E-1: Attorney:	_____	\$ _____
E-2: Awards:	_____	\$ _____
E-3: Bank Fees:	_____	\$ _____
E-4: Board Expenses:	_____	\$ _____
E-5: Chapter Reimbursement:	_____	\$ _____
E-6: Conference Expenses: __ (see separate form for conference expenses) __	_____	\$ _____
E-7: Website Development:	_____	\$ _____
E-8: CPA:	_____	\$ _____
E-9: DiaLog:	_____	\$ _____
E-10: Insurance Premiums:	_____	\$ _____
E-11: Leadership Training:	_____	\$ _____
E-12: Management Fees (Hempstead):	_____	\$ _____
E-13: Office supplies, printing & misc.:	_____	\$ _____
Total Amount		\$ _____

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 _____