REQUEST FOR REIMBURSEMENT OR PAYMENT OF A BILL

______ DATE ______ AMOUNT ______

Name of Committee, Division, Round Table, other Unit

STATE PURPOSE AND DESCRIPTION OF CHARGE (ATTACH RECEIPTS):

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

NOTE: If travel is by car, the mileage allowance is calculated at the current State of Texas mileage rate. The current rate is listed on the following URL: www.cpa.state.tx.us/comptrol/texastra.html. In the absence of actual odometer mileage, TLA will use the State of Texas mileage guide.

MAKE CHECK PAYABLE TO: ________________________________________________________________

MAIL CHECK TO: ________________________________________________________________
(Please give address)

__________________________________________________________________________________________________________________________________________________________________________________________________________________________________________

SIGNATURE OF AUTHORIZED OFFICER

______________________________

TLA UNIT ______________________ TELEPHONE NUMBER ______________________

ALL REIMBURSEMENT REQUESTS MUST BE SUBMITTED BY JUNE 30 OF THE CURRENT FISCAL YEAR.