



TESA TRAVEL and/or EXPENSE VOUCHER

REIMBURSEMENT REQUEST

PAY TO:

Name

Street or PO Box

City/State/ZIP Code

Period From: _____
To: _____

TESA Officer or Committee

TESA Account Number

Complete form for areas related to your request for reimbursement, total, sign and date.

Per Diem Request (only TESA Officers/Cmte Mbrs required to & attending GL Session)? Yes: _____ No: _____

ITINERARY			
DATE	PLACE (City/State)	MILES (If Car)	REASON FOR TRIP
		-	
		-	
		-	
		-	
TOTAL MILES =		-	X AUTH. RATE 30 CENTS/MI =
\$0.30			TOTAL \$ REQUESTED: \$ -

AIR FARE (Receipt Required)			
DATE	PLACE (City/State)	REASON FOR TRIP	TOTAL \$
			\$ -

LODGING/FOOD (Receipt Required)			
DATE	HOTEL/MOTEL/RESTAURANT	REASON FOR TRIP	COST
			\$
			\$
			\$
TOTAL \$ REQUESTED:			\$ -

PURCHASED/MISCELLANEOUS ITEMS (Receipts Required)				
DATE	VENDOR	PRODUCT	PURPOSE/USE	COST
				\$ -
				\$ -
				\$ -
				\$ -
TOTAL \$ REQUESTED:				\$ -
GRAND TOTAL OF REIMBURSEMENT:				\$ -

Under my Obligation as an Elk the requested reimbursement is for expenditures that were necessary and required solely for the discharge of my duties as a TESA Officer or Committee Member.

Submitted: _____ Signature: _____ Date: _____

<i>TESA Secretary Use Only</i>		
App. By: _____	Date: _____	Account Nr: _____
Secy Sig: _____	Vouche Nr: _____	Check Nr: _____