



TESA TRAVEL and/or EXPENSE VOUCHER REIMBURSEMENT REQUEST

PAY TO:

Name _____

Period From: _____

To: _____

Address _____

TESA Officer or Committee _____

City/ST/ZIP _____

TESA Account Nr _____

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:	
PER DIEM			\$30 per day	
NR DAYS	PLACE (City/State)	REASON FOR TRIP	TOTAL \$	
LODGING (Receipt Required)				
DATE	HOTEL	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>			rev 8/2020
App. By: _____	Date: _____	Account Nr: _____	
Secy Sig: _____	Vouche Nr: _____	Check Nr: _____	