

Examiner Expense Report

Travel Reimbursement Form (2019)

Application # _____

NAME (please print): _____

CHECK PAYABLE TO: _____

Check to be mailed to: _____

DATES: TOTAL

TRANSPORTATION Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Airfare*								
Taxi*								
Parking								
Rental Car*								
Tolls*								
Mileage @ .58								
Other								

TRANSPORTATION TOTAL _____ *Must be approved by CEO prior to travel

LODGING

Hotel – Room & Tax								
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LODGING TOTAL _____ (This is normally paid by applicant)

MEALS

Breakfast								
Lunch								
Dinner								
Daily Total								

MEALS TOTAL _____

*SUPPORT EXPENSES (Organization/Applicant Related Expenses)

Telephone								
Fax								
Other								

SUPPORT EXPENSES- TOTAL _____ *Must be approved by CEO prior to use

GRAND TOTAL ALL EXPENSES (AMOUNT TO BE REIMBURSED) _____

Team Leaders: Mail this completed form and receipts for all members of your team to:
Quality Texas Foundation, 201 Woodland Park, Georgetown, Texas 78633-2007.

Examiner Signature

Date

Team Leader Signature