



## Examiner Expense Report

### Travel Reimbursement Form (2020)

Application # \_\_\_\_\_

NAME (please print): \_\_\_\_\_

CHECK PAYABLE TO: \_\_\_\_\_

Check to be mailed to: \_\_\_\_\_

\_\_\_\_\_

DATES: \_\_\_\_\_ TOTAL

| TRANSPORTATION | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | TOTAL |
|----------------|--------|--------|---------|-----------|----------|--------|----------|-------|
| Airfare*       |        |        |         |           |          |        |          |       |
| Taxi*          |        |        |         |           |          |        |          |       |
| Parking        |        |        |         |           |          |        |          |       |
| Rental Car*    |        |        |         |           |          |        |          |       |
| Tolls*         |        |        |         |           |          |        |          |       |
| Mileage @ .575 |        |        |         |           |          |        |          |       |
| Other          |        |        |         |           |          |        |          |       |

TRANSPORTATION TOTAL \_\_\_\_\_ \*Must be approved by CEO prior to travel

#### LODGING

|                    |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|
| Hotel – Room & Tax |  |  |  |  |  |  |  |  |
|--------------------|--|--|--|--|--|--|--|--|

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: Email this form and scanned receipts for all members to [linwrinkle@quality-texas.org](mailto:linwrinkle@quality-texas.org) or

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