



## Examiner Expense Report

### Travel Reimbursement Form (2023)

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 @ \$0.655/mile								
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: 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