



Examiner Site Visit Expense Report

Travel Reimbursement Form (2024)

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 @ \$0.67/mile								
Other								

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

LODGING

TRANSPORTATION	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
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 with receipts for each team member to 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