



**EXPENSE REIMBURSEMENT FORM**

**(Receipts should accompany all reimbursement requests unless noted)**

Instructions:

1. Please fill out this form completely. Your reimbursement check will be mailed to the address entered below unless otherwise noted.
2. Include a complete description of the expense.
3. Subtotal the amount in the column at the right and grand total all columns at the bottom.
4. Verify the document by typing in your name and date on the appropriate line.
5. Mail to: Jeffrey Bass, SWATA Treasurer  
10800 Owl Creek Dr.  
Fort Worth, Texas 76179-6827

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Name: \_\_\_\_\_ Position/Committee \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EXPENSES:**

**AMOUNT**

**MEALS: \$50.00 per Diem (i.e. \$10, \$15, and \$25 no receipts required)**

Description of use: \_\_\_\_\_ \$ \_\_\_\_\_

**HOTEL: (Most competitive rate available)**

Description of use: \_\_\_\_\_ \$ \_\_\_\_\_

**AUTOMOBILE MILEAGE: (Multiply total miles  
x.56 cents per mile)**

Description of use: \_\_\_\_\_ \$ \_\_\_\_\_

**AIR FARE: (Coach or economy class ticket)**

Description of use: \_\_\_\_\_ \$ \_\_\_\_\_

**MISC EXPENSES: (Telephone, Printing, Office Supplies, Postage, Parking, etc.)**

Description of use: \_\_\_\_\_ \$ \_\_\_\_\_

**TRAVEL ADVANCE IF APPLICABLE** \$ \_\_\_\_\_

**TOTAL AMOUNT OWED YOU** \$ \_\_\_\_\_

**Member Approval** \_\_\_\_\_ **Date** \_\_\_\_\_

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**FOR ADMINISTRATIVE USE ONLY**

**Date received:** \_\_\_\_\_ **SWATA Check #** \_\_\_\_\_ **Budget Code #** \_\_\_\_\_