

**TEXAS COUNCIL OF CHILD WELFARE BOARDS
REQUEST FOR REIMBURSEMENT**

MEETING NAME _____ DATE _____

Region No. _____

Name _____ Telephone No. _____

Mailing Address _____
P. O. Box or Street City Zip Code

Breakdown of Expenses:

1. Driving From: _____ To: _____

(Shared a ride with _____)

Miles _____ x .50 cents \$ _____

2. Air Fare \$ _____

3. Meals (Original receipts, No tips, Alcoholic beverages) (not to exceed \$30/day)

Date	Breakfast	Lunch	Dinner	Total

\$ _____

4. Lodging (Original Hotel Receipts) \$ _____

(Shared room with _____)

5. Other Expenses \$ _____

Total Requested Reimbursement: \$ _____

Signature _____ Date _____

ORIGINAL RECEIPTS FOR ALL CLAIMED EXPENSES MUST ACCOMPANY THE REQUEST FOR REIMBURSEMENT. The TCCWB EXECUTIVE COMMITTEE voted to limit meals to \$30.00 per day and lodging to \$85.00 plus tax for single room for council meetings unless otherwise specifically authorized. Reimbursement forms to be received by treasurer one week from meeting date. **If forms are not received within 7 days of meeting date, reimbursement WILL BE DENIED except with approval of Executive Committee.**

SEND THIS FORM TO:
Texas Council of Child Welfare Boards
Shannon Ireland
PO Box 42363
Austin, TX 78704
Phone : 512-484-8598