

TEXAS COUNCIL OF CHILD WELFARE BOARDS

REQUEST FOR REIMBURSEMENT

MEETING NAME _____ DATE _____

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 \$0.725 (72.5 cents) \$ _____

2. Air Fare \$ _____

3. Meals (Original receipts, no tips or alcoholic beverages) (not to exceed \$59/day)

Date	Breakfast	Lunch	Dinner	Total

Total reimbursement for meals \$ _____

4. Lodging (Original Hotel Receipts not to exceed hotel's meeting rate) \$ _____

(Shared room with _____)

5. Other expenses (taxi, shuttles, tolls, parking) \$ _____

Total Requested Reimbursement: \$ _____

Updated January 2026

Signature _____ Date _____

ORIGINAL RECEIPTS FOR ALL CLAIMED EXPENSES MUST ACCOMPANY THE REQUEST FOR REIMBURSEMENT AND MUST BE RECEIVED BY MS. GIBSON ONE (1) 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 AND ORIGINAL RECEIPTS TO:

TEXAS COUNCIL OF CHILD WELFARE BOARDS

Shmeka Gibson, Executive Director

PO Box 42636 Austin, TX 78704

901 592-8978

sgibson@tccwb.org