



Section Member Travel/Expense Report

TEXAS MEDICAL ASSOCIATION 401 WEST 15TH STREET AUSTIN, TEXAS 78701-1680 (800) 880-1300 Fax (512) 370-1693

report made by (traveler)

trip to/expense for

address

signature of traveler

city, state, zip

Chapter Officer Authorization (MSS only)

Attach receipts and supporting documentation for all expenses claimed.

Date	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__
Air Fare													
Bus, Taxi, Shuttle													
Private Conveyance _____mileage @ _____/mile													
Tolls, Parking													
Hotel													
Other													
Daily total													
											Grand Total		

Reimbursement Policy:

During Winter Conference, TexMed and Summit, section members are required to attend the TMA Section Business meeting in order to receive travel/expense reimbursement. All requests for reimbursements must be submitted within 30 days of the event and before the end of the fiscal year, December 15th. Any forms received after the stated deadline will not be processed or paid. Receipts for all expenses claimed must accompany forms. Allowable expenses include:

- 1) Best available, "super-saver" airfare.
- 2) Ground transportation, tolls and parking associated with air travel at departure and arrival cities only.
- 3) Standard rate, single or double occupancy hotel room at headquarters hotel, including all taxes, for necessary meeting days.

Refer to Section Reimbursement Guidelines for more detailed information.

return all copies to:

TEXAS MEDICAL ASSOCIATION
MEMBERSHIP DEVELOPMENT
SECTION COORDINATOR
401 WEST 15TH STREET
AUSTIN, TEXAS 78701-1680
(800) 880-1300
FAX (512) 370-1693

Authorized approvals		FINANCE USE ONLY	
		Allocation of expenses	Amount
Section Coordinator			
Department/Division Director			