



T.H.O.A., Inc Reimbursement Form
Required for reimbursement

Check number _____

Mail to current THOA, Inc. President with original receipts within 30 days. Reimbursement will not be made after 30 days.
Please keep a copy for your records

Requested from: _____

Board Position: _____

Day/Time of departure _____ Day/Time return _____

Issue payment to _____

Address _____

City _____ TX Zip _____

Check one of the following:

Summer PDC _____ Other _____

Fall Board Meeting _____

Spring Board Meeting _____

TCTC meeting _____

Copying/Printing _____ Amount _____

Office Supplies _____

Postage _____

Awards/Prizes _____

Member Recognition _____

Member Recruitment _____

Other (Explain) _____

Travel Expenses (Following THOA policy guidelines)

Meals \$ _____

Transportation

Airfare \$ _____

Shuttle \$ _____

Mileage \$ _____

Parking \$ _____

Lodging \$ _____

Total reimbursement \$ _____

My signature on this form indicates that all expenses filed are true and correct.

Signature: _____ Date: _____

This signed request with attached invoice or other sources of documentation should be processed.

Approved: _____

Approved: _____

Date Paid: _____ Account: Operating or Conference

Check number: _____ Check amount: _____

Revised 4/06, 3/07