



Texas Nurses Association
 District 20
 Victoria, Texas

Request for Payment/Reimbursement

Pay to: Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____

TRAVEL REIMBURSEMENT:

From: _____ To: _____

Date(s): _____ Purpose: _____

Mileage:	_____ miles @ _____/mile (state rate)	\$	
Meals	Receipts attached or _____ days @ \$_____/day	\$	
Lodging	Receipt attached	\$	
Other Travel Expenses:	_____	\$	
	_____	\$	

OTHER EXPENSES: Attach receipt(s)

Description: _____ \$ _____

Description: _____ \$ _____

Description: _____ \$ _____

TOTAL REIMBURSEMENT REQUESTED \$ _____

Treasurer's Use Only

Approved by: _____ Date Paid: _____ Check#: _____