Form B

REMITTANCE FOR TRAVEL EXPENSES
TEXAS TECH HEALTH SCIENCES CENTER
AT DALLAS/FORT WORTH
STUDENT SENATE

I, _____, hereby acknowledge that these expense where incurred during my travel to

_____ _____
City State

for the purpose of _____.

_____ _____
Traveler's Signature Date

Address for check to be sent to:

_____
Street Address

_____
City, State Zip

Last Revised 9/08