

Form C

GENERAL TRAVEL REIMBURSEMENT FORM
TEXAS TECH HEALTH SCIENCES CENTER AT DALLAS/FORT WORTH
STUDENT SENATE

ORGANIZATION: Dallas Student Senate - DATE: _____

ADVISOR: Shane Greene PHONE: (214) 372-5300

PURPOSE OF TRAVEL EXPENSE:

Date of Travel: _____

TRAVEL EXPENSE ITEMIZATION

Registration Fee:		\$
Airfare:	Days @	\$
Hotel:	Days @	\$
Mileage:	Miles @	\$
Meals:	Days @	\$
Rental Car:	Days @	\$
Taxi:	Trips @	\$
Other:		\$
Total Trip Expense		\$
Reimbursement Limit		\$

Set by Organization/Club

FOR OFFICE USE ONLY

_____ Reimbursement: Individual/organization

_____ Maximum Reimbursement

Approved By: _____

Payment _____ Account # _____

NAME: _____

ADDRESS: _____

SOCIAL SECURITY #: _____

Organization's representative: _____ (print & sign)

Date: _____

Treasury Committee: _____ (print & sign)

Date: _____

Advisors approval: _____ (print & sign)

Date: _____

Reminder to Organization/Traveler:

Must complete no later than **14 days** after return. Attach **Remittance for Travel Expenses -Form B** and all **ORIGINAL ITEMIZED** receipts and supporting documents to a separate 8.5 by 11" piece of paper with tape to avoid overlapping. REIMBURSEMENTS WILL NOT BE MADE WITHOUT THEM. Please keep a copy for your records

Last Revised 09/08