



Serving Texas School Leaders

Statement of Expenses

Payee: Name _____

Address _____

City _____ State _____ Zip _____

Event: Date _____ Meeting _____ Location _____

Please list expenses and attach receipts:

| | |
|--|----------|
| Transportation (air coach fare) | \$ _____ |
| Car Mileage (_____ miles at 54¢ per mile) | \$ _____ |
| Parking | \$ _____ |
| Cab Fare | \$ _____ |
| Lodging | \$ _____ |
| Meals (breakfast \$10; lunch \$15; dinner \$26) | \$ _____ |
| Other (please specify) | \$ _____ |

Description _____

Submitted by _____ **Total Due \$** _____

Nancy Tovar, TEPSA President 2016-2017