

TSALC EXPENSE REPORT

Treasurer Use Only

CHECK #: _____ ACCOUNT
CHECK DATE: _____ EFT: _____ TRANSFER _____ TRANSFER DATE: _____

Payee Fill Out

TRAVEL AND PAY INFORMATION

STARTING DATE: _____ ENDING DATE: _____ Total Days: _____

FROM CITY/ST: _____ TO CITY/ST: _____

GSA Mileage Rate: \$ _____ Mileage To: _____ Mileage Back: _____ Total Amount: \$ _____

Airfare Cost R/T: \$ _____ (check if used) Rental _____ Taxi _____ Mileage _____ Parking _____ Luggage _____

GSA Per-Diem Rate: Hotel \$ _____ Meals First / Last Day \$ _____ Full Day \$ _____ Quarter
(IF NO OVERNIGHT STAY IS REQUIRED, YOU MUST PROVIDE MEAL RECEIPTS)

EXPENSES	TOTAL COST
DISBURSEMENT Travel & Per-Diem	\$ _____
LEGISLATIVE (LCCL'S ONLY)	\$ _____
POSTAGE / STAMP/ PRINTING	\$ _____
OFFICE / FIXED ASSETS	\$ _____
AFL- CIO REBATE / TX AUX.	\$ _____
STATE CONVENTION	\$ _____
WEBPAGE YEARLY RENEWALS	\$ _____
SCHOLARSHIP	\$ _____
IRS OR TWC TAXES	\$ _____
CHECK-EFT-TRANSFER-TOTAL	\$ _____

For Treasurer and Secretary ONLY.
Please do NOT write in this box.

PAYEE EXPLANATION OF EXPENSES

By signing this document I certify that I have not been paid for same expenses by another entity.

Signature of Approval / TSALC -President or Vice President

Everett Wyllie/President or
Ryan Raeke/Vice President
Printed Name and Title

Date Signed

Signature of Payee

Date

Printed Name

Address

City/State/Zip+4

Phone Number

Submit report to the following
address: **Kimberly Arnhold**
PO BOX 57081
Webster, TX 77598-7081