	TSALC	EXPENSE	REPORT		
Treasurer Use Only CHECK #:	CHECK DATE:	EFT:	ACCOUNT _TRANSFER _	TRANSFI	ER DATE:
Payee Fill Out	TRAVEL	AND PAY INF	FORMATION		
STARTING DATE:	ENDING D		TE: Total Days:		Days:
FROM CITY/ST:	T0	O CITY/ST:			
GSA Mileage Rate: \$	Mileage To:	Mileage Bac	ek: T	otal Amount:	\$
Airfare Cost R/T: \$	(check if used) Rental _	Taxi	_ Mileage	Parking	Luggage
GSA Per-Diem Rate: Hote (IF NO OVERNIGHT STAY I	el \$ Meals First /] S REQUIRED, YOU MUST PROV	Last Day \$_ TIDE MEAL REC	Full Day	y \$	— Quarter:
		PAY	YEE EXPLANAT	ION OF EXPE	ENSES
EXPENSES	TOTAL COST				
DISBURSEMENT Travel &	& Per-Diem \$				
LEGISLATIVE (LCCL'S	S ONLY) \$				· · · · · · · · · · · · · · · · · · ·
POSTAGE / STAMP/ PRIN	NTING \$				
OFFICE / FIXED ASSETS	\$				
AFL- CIO REBATE / TX A	AUX. \$				
STATE CONVENTION	\$				
WEBPAGE YEARLY REN	NEWALS \$				
SCHOLARSHIP	\$				
IRS OR TWC TAXES	\$				
CHECK-EFT-TRANSFER-	TOTAL \$				
For Treasurer and Secretary ONLY. Please do NOT write in this box.			leral Tax:		
			eial Security Tax:		
			dicare Tax:		
			OTAL TAX:	\$	
		•	0 0		certify that I have not be another entity.
Signature of Approval / TSALC -President			nture of Payee		Date
Everett Wyllie/President					
Printed Name and Title	Date Signed	Print	Printed Name		
			ress		
Submit report to the following address: Kimberly Arnhold PO BOX 57081 Webster, TX 77598-7081			State/Zip+4		
webs	oter, IX //336-/U81	Phon	e Number		