WARRANT # _____

TSALC EXPENSE REPORT

Treasurer Use Only

CHECK #: _____CHECK DATE: _____ EFT:____ ACCOUNT 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./DUES STATE	**$**_____
CONVENTION	**$**_____
WEBPAGE YEARLY RENEWALS	**$**_____
SCHOLARSHIP	**$**_____
IRS OR TWC TAXES	**$**_____
OFFICER PAY	**$**_____
CHECK-EFT-TRANSFER SERVICE FEE	**$**_____
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

Expense Report Form updated (09/28/26)