



# Section Member Travel/Expense Report

TEXAS MEDICAL ASSOCIATION 401 WEST 15TH STREET AUSTIN, TEXAS 78701-1680 (800) 880-1300 Fax (512) 370-1693

report made by (traveler)

trip to/expense for

address

signature of traveler

city, state, zip

Chapter Officer Authorization (MSS only)

**Attach receipts and supporting documentation for all expenses claimed.**

Date	20__	20__	20__	20__	20__	20__	20__	20__	20__
Air Fare									
Bus, Taxi, Shuttle									
Private Conveyance _____mileage @ _____ /mile									
Tolls, Parking									
Hotel									
Other									
<b>Daily total</b>									
									<b>Grand Total</b>

**Reimbursement Policy:**

During Fall Conference and TexMed, section members are required to attend the TMA Section Business meeting in order to receive travel/expense reimbursement. All requests for reimbursements must be submitted within 30 days of the event and before the end of the fiscal year, December 15th. Any forms received after the stated deadline will not be processed or paid. Receipts for all expenses claimed must accompany forms. Allowable expenses include:

- 1) Best available, "super-saver" airfare.
- 2) Ground transportation, tolls and parking associated with air travel at departure and arrival cities only.
- 3) Standard rate, single or double occupancy hotel room at headquarters hotel, including all taxes, for necessary meeting days.

Refer to Section Reimbursement Guidelines for more detailed information.

return all copies to:

**TEXAS MEDICAL ASSOCIATION**  
MEMBERSHIP DEVELOPMENT  
SECTION COORDINATOR  
401 WEST 15TH STREET  
AUSTIN, TEXAS 78701-1680  
(800) 880-1300  
FAX (512) 370-1693

Authorized approvals
Section Coordinator
Department/Division Director

FINANCE USE ONLY	
Allocation of expenses	Amount