

Texas State Assembly of the Association of Surgical Technologists, Inc.

Board of Directors Reimbursement Form

This form must be completed and submitted to the Treasurer within 30 days of travel for reimbursement. After 30 days it is at the discretion of the President of the state assembly if extraordinary conditions existed to prevent submission of travel documents and receipts.

All expenses listed must have an itemized receipt for reimbursement.

Board Member Name _____ Date _____

Travel Dates: From: _____ to _____

Reason for Travel (Workshop, event, etc.): _____

Expenses: List the expenses below and ensure a receipt is submitted for each expense.

Airfare: _____

Hotel: _____

Gas: _____

Meals: _____

Total Expenses: _____

Address that reimbursement check is to be mailed to:

Street Address _____

City _____ State _____ Zip Code _____

Board Member Signature _____