



T.H.O.A., Inc Reimbursement Form  
Required for reimbursement

Check number \_\_\_\_\_

Mail to current THOA, Inc. President with original receipts within 30 days. Reimbursement will not be made after 30 days.  
Please keep a copy for your records

Requested from: \_\_\_\_\_

Board Position: \_\_\_\_\_

Day/Time of departure \_\_\_\_\_ Day/Time return \_\_\_\_\_

Issue payment to \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ TX Zip \_\_\_\_\_

**Check one of the following:**

Summer PDC \_\_\_\_\_ Other \_\_\_\_\_

Fall Board Meeting \_\_\_\_\_

Spring Board Meeting \_\_\_\_\_

TCTC meeting \_\_\_\_\_

Copying/Printing \_\_\_\_\_ Amount \_\_\_\_\_

Office Supplies \_\_\_\_\_

Postage \_\_\_\_\_

Awards/Prizes \_\_\_\_\_

Member Recognition \_\_\_\_\_

Member Recruitment \_\_\_\_\_

Other (Explain) \_\_\_\_\_

\*\*\*\*\*

**Travel Expenses** (Following THOA policy guidelines)

Meals \$ \_\_\_\_\_

Transportation

Airfare \$ \_\_\_\_\_

Shuttle \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_

Parking \$ \_\_\_\_\_

Lodging \$ \_\_\_\_\_

**Total reimbursement** \$ \_\_\_\_\_

My signature on this form indicates that all expenses filed are true and correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*\*\*\*\*

This signed request with attached invoice or other sources of documentation should be processed.

Approved: \_\_\_\_\_

Approved: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Account: Operating or Conference

Check number: \_\_\_\_\_ Check amount: \_\_\_\_\_

Revised 4/06, 3/07