



# TEXAS COMMUNITY COLLEGE TEACHERS ASSOCIATION EXPENSE VOUCHER

Mail or fax completed voucher to:  
**Texas Community College Teachers Association**  
**5113 Southwest Parkway, Suite 185**  
**Austin, Texas 78735**  
**FAX: (512) 328-1086**

DATE: _____	SEND _____
PAY TO: _____	CHECK TO: _____
ADDRESS: _____	ADDRESS: _____
_____	_____

<b>Operating Expenses</b> <i>(Attach receipts or statements for all items)</i>		
Description	Amount	
_____	\$ _____	
_____	_____	
_____	_____	
_____	_____	
<b>Total Operating Expenses .....</b>		<b>\$ _____</b>

<b>Travel Expenses</b>		
Purpose of Travel _____		
Destination _____		
Mileage: _____ miles @ \$_____ per mile .....	\$ _____	
Meals: _____ meals ( <i>attach receipts</i> ) .....	_____	
Lodging: _____ nights ( <i>attach receipts</i> ) .....	_____	
Airfare _____ ticket ( <i>attach receipts</i> ) .....	_____	
Other Travel Expenses ( <i>explain and attach receipts</i> )		
_____	_____	<b>\$ _____</b>
<b>Total Travel Expenses .....</b>		<b>\$ _____</b>

<b>Total Operating and Travel Expenses .....</b>	
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<i>I certify that the above voucher represents expenses actually incurred exclusively in behalf of the Texas Community College Teachers Association and that payment has not been received.</i>	<b>Approved:</b>  _____ COMMITTEE CHAIR
X _____ SIGNATURE	

Budgeted Funds Available? Yes _____ No _____ By _____  If budgeted funds are not available, approval of President is required.  _____ President, TCCTA	<b>FOR USE OF STATE OFFICE</b>			
	Account Number	Amount	TOTAL AMOUNT	Date of Check
				Check Number