

TEXAS ASSOCIATION FOR DEVELOPMENTAL EDUCATION

Expense advance/reimbursement request

Name _____ Date _____

This is a request for (check one) Advance Reimbursement

Check should be made payable to (Name) _____

Check should be sent to: _____

Purpose of expenditure: _____

Directions: Please detail your expenses below. If you are receiving an advance please resubmit this form when you receive your receipts. If you are requesting a reimbursement please attach all original receipts. If you have any questions please contact Glenda Solomon at gsolomon@cccdd.edu, 972-881-5659.

Travel _____ Advance Reimbursement

Conference registration fees

Auto Mileage: Submit form from:

<http://www.window.state.tx.us/comptrol/texastra.html>

Airfare

Airport to hotel transportation

Hotel

Meals (\$36 per day, \$8, \$12, \$16)

Other

Other Expenses

Printing

Postage

Supplies

Other

Total Expenses

Balance due (check one conference worker TADE Officer)

Phone _____ Email _____

Member Signature _____

Print this form and mail along with the receipts to:
Glenda Solomon – TADE Treasurer
2704 Stonecreek Pl.
Carrollton, TX 75006

Treasurer only Amount paid _____ Check Number _____ Date _____