

2015-16 TRAVIS COUNTY MEDICAL ALLIANCE
Expense Reimbursement/Check Request/Deposit Form

Member Name _____ Date _____ Phone _____

Committee _____

Form with invoice/receipts/other back-up documents REQUIRED - submit to treasurer in person, by mail, or email (if emailed submit in pdf format-no jpg files)

Treasurer-Administrative Fund

Carrie Conner-carrieconnercpa@gmail.com
210.241.6583 (mobile)

Treasurer-Philanthropic Fund

Melissa Smith-melkel2@yahoo.com
512.246.0764 (mobile)

Please find addresses for the treasurers in the TCMA member database

Expense Reimbursement & Check Request

Check Payable to: _____

Mail to the following address: _____

Detail as follows:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total amount of Reimbursement or Check \$ _____

Deposit

Description: _____

Total Amount of Checks _____

Total Amount of Cash _____

Deposit Total \$ _____

Special Instructions _____

*Reimbursements to members must be submitted within 30 DAYS of purchase; checks issued must be cashed within 90 DAYS.

*Before mailing to the Treasurer, make a copy of completed form & attachments.

*Taxes CANNOT be reimbursed from the Philanthropic Account.

Treasurer Completes: **Date Paid/Deposited** _____ **Check No. (if appl)** _____