TISDO EXPENSE ACCOUNT FORM

Name - First MI Last

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|  |

PURPOSE OF TRAVEL

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|  |

From Street Address, City, State, Zip From Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

To Street Address, City, State, Zip To Date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |

Time Left \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time Returned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| DATE | PLACE | DESCRIPTION OF EXPENSE | AMOUNT |
|  |  | AIR FARE |  |
|  |  | CAR MILEAGE \_\_\_\_\_ MILES x $0.58 |  |
|  |  | CAR RENTAL |  |
|  |  | TAXI, BUS, LIMO |  |
|  |  | PARKING |  |
|  |  | BREAKFAST |  |
|  |  | LUNCH |  |
|  |  | DINNER |  |
|  |  |  |  |
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To the best of my knowledge, all of the above information is true and correct.

SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Receipts for all expenditures must be attached.

2. Mileage is reimbursed at the current IRS allowance ($0.58.0 / mile for 2019). Attach Google Maps as support for Mileage

3. Travel meal reimbursement is at the IRS Per Diem Rate

4. Email or Mail completed form, along with all receipts to: walls.brianl@gmail.com

Brian Walls

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