

TISDO EXPENSE ACCOUNT FORM



NAME: (First, MI, Last)

PURPOSE of TRAVEL:

FROM: (Street Address, City, State, Zip Code)

From Date:

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TO: (Street Address, City, State, Zip Code)

To Date:

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TIME of DEPARTURE: _____ TIME of RETURN: _____

DATE	PLACE	DESCRIPTION of EXPENSE	AMOUNT
		Air Fare	\$
		Car Mileage _____ Miles @ \$0.54/ mile	\$
		Car Rental	\$
		Taxi, Bus, Limo	\$
		Parking	\$
		Breakfast	\$
		Lunch	\$
		Dinner	\$
		Lodging	\$

To the best of my knowledge, all of the above is true and correct.

SIGNATURE: _____ **DATE:** _____

1. Receipts for all expenditures must be attached or included.
2. Mileage is reimbursed at the current 2017 IRS rate of \$0.53.5 per mile. Please attached a Google Map as support for your mileage claim.
3. Reimbursements for meals while traveling is at the IRS Per Diem rate.
4. Please E-mail or snail mail this completed Form, along with the supporting documentation to:

Walls.brian@gmail.com

Brian Walls
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