## TCRT Reimbursement Form

Name: $\qquad$
Address: $\qquad$
Date: $\qquad$
Itemized Expenses:

| Receipt \# | Date | Description | Cost |
| :--- | :--- | :--- | :--- |
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|  |  |  | TOTAL |

Mileage reimbursement for volunteers in 2017 is $\mathbf{1 4}$ cents per mile. In description put in the number of miles driven and description of travel. No receipt needed for mileage.

Expenses must be approved by TCRT director prior to date of expense in order to be reimbursed.

Signature of Requestor: $\qquad$ Date: $\qquad$

Approval: $\qquad$ Date: $\qquad$

