

Association of Texas Professional Educators
Region and Local Unit

Travel Expense Voucher

NOTE: Supporting documentation should accompany this form to satisfy requirements for tax reporting. This documentation will not be returned.

ATPE will reimburse all moderate and reasonable expenses incurred in the conduct of ATPE business which have been properly authorized and are in compliance with the travel expense policy. Personal safety must be considered at all times, and no decision to economize should be made that would create an unsafe condition.

Tipping on meals will be reimbursed up to 15%. Meals provided at business functions are expected to be used, and substitute meals will not be paid for. Lodging is reimbursable for up to one night for each day of the business meeting, unless transportation cannot be arranged. If you substitute lodging. Transportation, etc., for standard travel plans. ATPE will reimburse up to what the cost would have been otherwise.

ATPE will not pay for the personal travel expenses of spouses, guests or family members who accompany members on ATPE business (in excess of the cost that would have been incurred by the member). Personal expenses such as long-distance phone calls, in-room movies and alcoholic beverages will NOT be paid by ATPE. Air travel should be at the coach fare when available. Reimbursement of travel is limited to one round trip per function.

FROM: _____	DATE OF EVENT: _____
TO: _____	PURPOSE: _____
EXPENSES	
TRANSPORTATION:	
AUTO # OF MILES (ROUND TRIP) x _____ PER MILE	\$ _____
AIR (ATTACH COPY OF TICKET).....	\$ _____
CAB.....	\$ _____
PARKING.....	\$ _____
LODGING.....	\$ _____
MEALS (INCLUDING TIP).....	\$ _____
OTHER (EXPLAIN) _____	\$ _____
TOTAL	\$ _____
(PLEASE PRINT)	
NAME: _____	
ADDRESS: _____	
x _____	
SIGNATURE	DATE SUBMITTED

REGION OFFICER & COMMITTEE EXPENSES

Please give a brief explanation/event/date for each item to be reimbursed.

Copies for _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Newsletter Expenses	
Copies _____	\$ _____
_____	\$ _____
Postage _____	\$ _____
_____	\$ _____
Supplies _____	\$ _____
_____	\$ _____
Tax _____	\$ _____
_____	\$ _____

Postage _____	\$ _____
(other than newsletter) _____	\$ _____
_____	\$ _____
_____	\$ _____

Promotions (gifts, decorations, doorprizes, etc.) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Supplies/Miscellaneous (explain) _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Use a second form if more room is needed. Receipts should accompany expense forms.

Signature: _____
 Printed Name: _____
 Mailing Address: _____
 City, State, Zip: _____