

**TAX ASSESSOR-COLLECTORS ASSOCIATION OF TEXAS
TRAVEL/EXPENSE CLAIM FORM**

Date Submitted: _____

NAME _____

MAILING ADDRESS _____

COUNTY _____ CITY _____ ZIP _____

TACA OFFICE/COMMITTEE _____

Reason for Expense:

Date(s) of Travel From: _____ To: _____

Expenditures

1) Transportation (Airfare, Taxi, Bus, etc.)		\$ _____
2) Mileage	_____ Miles @ .575 cents per mile	\$ _____
3) Lodging	# of Nights _____	\$ _____
4) Meals	Include itemized receipts for meals	\$ _____
5) Parking		\$ _____
6) Other	Specify _____	\$ _____
	TOTAL	\$ _____

Attach copies of paid receipts for Transportation, Lodging, Meals, Parking as well as other miscellaneous expenses.

Additional comments or remarks: _____

I do solemnly swear that the expenses listed above are a true and correct record for expenditures made by me in the authorized discharge of duties for the Tax Assessor-Collectors Association of Texas.

Printed Name: _____ Signature: _____

**Mail Completed Form to: TACA
P.O. Box 329 Georgetown, Texas 78627
or
Email to sec-treasurer@tacaoftexas.org**

Date Approved: _____ By: _____

Secretary - Treasurer