



## OFFICIAL EXPENSE REIMBURSEMENT FORM

Name of Official: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Date(s) of Travel (if applicable): \_\_\_\_\_

Receipt(s) Attached (*required*) (Y/N): \_\_\_\_\_ Total Amount of Expenditures: \_\_\_\_\_

Reimbursement for Travel (Y/N): \_\_\_\_\_ Reimbursement for Office Supplies (Y/N): \_\_\_\_\_

Name of Tournament (if applicable): \_\_\_\_\_

Reimbursement for Other (*specify*): \_\_\_\_\_

Name of Person Travel Reimbursement Authorized By: \_\_\_\_\_

*\*Travel related expenses must be authorized by the President, BOD Member or Chief of Officials\**

### Detail of Expenditures

DATE	DESCRIPTION	AMOUNT	RECEIPT (Y/N)

***By signing or typing name below, you are acknowledging that you understand and agree that you have read and will comply with STABA's Travel Policy located on the STABA website ([www.southtexaslbc.org](http://www.southtexaslbc.org)) under the documents tab. You understand any non-compliance with STABA's Travel Policy may result in the denial or disapproval of travel reimbursements.***

\_\_\_\_\_  
Signature of Official (*required for travel reimbursements*)

\_\_\_\_\_  
Date