**SCAVMA Travel Fund - Expense Reimbursement Form**

NAME: ­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE (turning in form): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

REASON FOR TRAVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATES OF TRAVEL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL REQUESTED AMOUNT: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

* Photocopies of itemized receipts **must** be included.
* Submit report with receipts in an envelope to Travel Fund Mailbox

CHECK PAYABLE TO (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MAILING ADDRESS OR CLASS YEAR & BOX NUMBER (preferred method):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*(Postage will be deducted for reimbursements sent by mail)*

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| --- | --- | --- |
| Date | Vendor & Expense Description/Use | Amount |
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**Please submit form with receipts to:**

*Marilyn Connor - 3VM Mailbox #22 or Travel Fund Mailbox in Grasshopper Room*

 *maconnor@cvm.tamu.edu*

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AMOUNT PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE PAID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHECK #: \_\_\_\_\_\_\_\_\_­\_\_\_\_\_\_\_\_