

TMCA, INC.
SCHOLARSHIP / TRAVEL STIPEND
REQUEST FOR REIMBURSEMENT FORM

DATE SUBMITTED: _____

RECIPIENT NAME: _____ TITLE: _____

MAILING ADDRESS: _____

CITY: _____, TEXAS ZIP CODE: _____

TYPE OF REIMBURSEMENT:

- | | |
|---|--|
| <input type="checkbox"/> Seminar Registration Fee Scholarship | <input type="checkbox"/> Dr. Joyce Snay Scholarship |
| <input type="checkbox"/> Seminar Travel Stipend | <input type="checkbox"/> Susan Rocha Scholarship |
| <input type="checkbox"/> Dorothy F. Byrd Scholarship | <input type="checkbox"/> Vendor Scholarship: _____ |
| <input type="checkbox"/> Lila Fern Martin Scholarship | <input type="checkbox"/> MCCi Records Management Scholarship |

SEMINAR/CONFERENCE NAME: _____

DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

Expense	Amount	OFFICE USE ONLY
Registration Fees	\$	
Transportation	\$	
Taxi/Shuttle	\$	
Car Rental	\$	
Personal Mileage <i>(miles X current IRS rate)</i>	\$	
Lodging	\$	
Meals	\$	
TMCCP Enrollment Fees/Exam Fees/Textbooks	\$	
Eligible College Expense Fees <i>(Martin and Byrd only)</i>	\$	
TOTAL COST:	\$	

Reimbursement should be made to:

- Recipient named above City of _____

I certify that these expenses have been incurred by me for educational purposes as outlined in the TMCA, Inc., Policy Manual. I understand that I cannot claim TMCA, Inc., reimbursement for expenses that I have been personally reimbursed for or that I expect to be reimbursed for in the future by another source.

Recipient Signature: _____ Date: _____

Incorrect completion of the form may result in return and delay of reimbursement.
Associated receipts must be attached.

Submit this form with associated receipts to: TMCCP, 1155 Union Circle, Denton, Texas 76203
or miriam.sheehan@unt.edu