

**TENNESSEE AMBULANCE SERVICE ASSOCIATION
TRAVEL EXPENSE FORM**

NOTE: PLEASE FILE WITH SECRETARY/TREASURER WITHIN TEN (10) DAYS OF RETURN FROM TRIP.

MEMBER (Last, First):								WEEKLY TOTALS		
DESTINATION:								PAID	PAID	
DAY:	SUN	MON	TUES	WED	THUR	FRI	SAT	BY	BY	
DATE:								EMPLOYEE	TASA	
AIRFARE										
CAR RENTAL										
OTHER TRANSPORTATION										
MILEAGE (per P&P/mile)										
TAXI										
HOTEL ROOM										
LAUNDRY										
TELEPHONE										
BAGGAGE TIPS										
OTHER (EXPLAIN)										
BREAKFAST								DAILY TOTALS OF MEALS BY CATEGORY IS NOT REQUIRED. (BREAKFAST, LUNCH, AND DINNER)		
LUNCH										
DINNER										
OTHER MEALS										
TOTAL MEALS										
PURPOSE OF TRIP: _____							TOTAL THIS WEEK			
							TOTAL PREVIOUS WEEK(S)			
							TOTAL EXPENSES:			
TIME OF DEPARTURE: _____							LESS TRAVEL ADVANCE:			
							DUE TO/FROM TASA:			
TIME OF ARRIVAL: _____							MEMBER'S SIGNATURE _____ DATE: _____ SECRETARY/TREASURER'S SIGNATURE _____ DATE: _____ PRESIDENT'S SIGNATURE _____ DATE: _____			
EXPLANATION OF EXPENSES (if necessary) _____										
ACCOUNTS PAYABLE USE ONLY:										
REVIEWED BY: _____ DATE: _____ APPROVED BY: _____ DATE: _____										