



Member Travel Reimbursement Form

Tennessee Society of Certified Public Accountants

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MEMBER INFORMATION

Name: _____

Firm: _____

Address: _____

City: _____

State, Zip: _____

TRAVEL INFORMATION

Meeting Attended: _____

City: _____

Dates of Travel: from _____ to _____

Signature: _____

Date Submitted: _____

MAKE CHECK PAYABLE TO:

- ☐ Firm
☐ Individual
☐ Please contribute to the Educational & Memorial
Foundation's Scholarship Fund.

A receipt for your tax deductible donation will be mailed to you.

POLICIES OF THE TSCPA BOARD OF DIRECTORS

MEMBER'S TRAVEL REIMBURSEMENT

Travel expenses incurred by members of committees and the Board of Directors in performing their duties as such will be reimbursed provided such reimbursement has been specifically authorized in the budget and is requested within 30 days. In no event, however, will requests for reimbursement be honored for meetings during a fiscal year if submitted more than 30 days after the close of that fiscal year which ends on March 31. All airfares are to be coach class and every effort should be made to take advantage of reduced fares. Members attending Society committee meetings may request reimbursement for mileage expense at the current IRS rate, provided such expense is not reimbursed by his/her firm or company. However, travel expenses incurred to attend the annual Leadership Conference are not reimbursed by TSCPA.

EXPENSES *(attach receipts)*

Transportation:

Air Travel (coach) _____

Taxi _____

Auto Miles _____ @ 76¢ per mi.

Parking _____

Other _____

Hotel: *(attach bill)* _____

Meals: _____

Tips: _____

Miscellaneous: (explain below) _____

Total Expenses: _____

AMOUNTS
