

**TAX ASSESSOR-COLLECTORS ASSOCIATION OF TEXAS  
TRAVEL/EXPENSE CLAIM FORM**

Date Submitted: \_\_\_\_\_

NAME \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

COUNTY \_\_\_\_\_ CITY \_\_\_\_\_ ZIP \_\_\_\_\_

TACA OFFICE/COMMITTEE \_\_\_\_\_

Reason for Expense:

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

Date(s) of Travel      From: \_\_\_\_\_ To: \_\_\_\_\_

Expenditures

1)	Transportation (Airfare, Taxi, Bus, etc.)	\$ _____
2)	Mileage      _____ Miles @ .655 cents per mile	\$ _____
3)	Lodging      # of Nights _____	\$ _____
4)	Meals      Include itemized receipts for meals	\$ _____
5)	Parking	\$ _____
6)	Other      Specify _____	\$ _____
	<b>TOTAL</b>	\$ _____

Attach copies of paid receipts for Transportation, Lodging, Meals, Parking as well as other miscellaneous expenses.

Additional comments or remarks: \_\_\_\_\_

\_\_\_\_\_

*I do solemnly swear that the expenses listed above are a true and correct record for expenditures made by me in the authorized discharge of duties for the Tax Assessor-Collectors Association of Texas.*

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

**Email Form**

**Mail Completed Form to: TACA  
P.O. Box 126264 Fort Worth, TX 76126  
or  
Email to [sec-treasurer@tacaoftexas.org](mailto:sec-treasurer@tacaoftexas.org)**

**Print Form**

Date Approved: \_\_\_\_\_ By: \_\_\_\_\_

Secretary - Treasurer