



Travel Expense Voucher

Name: _____

Name of Event/Project: _____

Start Date: _____ End Date: _____

Event/Project Location: _____

Make Check Payable To: _____

Mailing Address: _____

City / State / Zip: _____

Telephone: _____

E-Mail: _____

Note: Please attach the appropriate expense support documents (airline tickets, hotel receipts, etc.). Submit your reimbursement request no later than 10 days after your travel or project has been completed. Air travel is reimbursed at coach fare. Rental car expenses must be pre-approved. Please call the Treasurer at STC-HFMA office at (830) 431-3623 for information or questions.

HFMA-STC Reimbursable Expenses				Office Use Only	
Type	Mileage	Mileage Rate	Total	Ledger Codes	Amt.
Auto		0.575			
Air (attach ticket copy or receipt)					
Taxi or Shuttle					
Rental Car (pre-approval required)					
Parking					
Lodging					
Tips				Total Check Amt:	
Other (explain)				Check No.	
Total Travel Expense				Check Date	
Meal (explain)				Date Mailed	
Meal (explain)				HFMA Approval	
Meal (explain)					
Other (explain)					
Total Meals/Entertainment					
Voucher Total:				Approval Date	

Submit to:
HFMA-STC - Wes Fountain, Treasurer Wes.Fountain@MHSHealth.com
90 Canyon Bluff Dr * Boerne, TX 78006 * Office (210) 575-0235 * Cell (830) 431-3623