

Expense Voucher
Texas Orthopaedic Association

401 W 15th St, Suite 820
 Austin, Texas 78701-1680
 (512) 370-1505
 (512) 370-1515 (fax)

Date: _____
Activity: _____
Location: _____

Name: _____
 Address: _____

 City, State, Zip: _____
 Phone: _____

IS THIS A NEW ADDRESS? Y N

Date of Travel

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Totals:

Travel Expenses

Air Fare					
Taxi					
Auto(total)					
# of miles					
Rental					
Tolls/Other					

Total Travel

Meal Expenses

Breakfast					
Lunch					
Dinner					

Total Meals

Housing/Other

Housing					
Telephone					
Miscellaneous					

Total Other

Total Expenses

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- Please submit voucher within 30 days of expenditure by fax or mail
- Please attach sufficient documentation for all expenses

Signature: _____

Date: _____