

**2016-17 TRAVIS COUNTY MEDICAL ALLIANCE**  
**Expense Reimbursement/Check Request/Deposit Form**

Member Name \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_  
Committee \_\_\_\_\_

Form with invoice/receipts/other back-up documents REQUIRED - submit to treasurer in person, by mail, or email.

**Treasurer-Philanthropic Fund**

Carrie Conner-carrieconnercpa@gmail.com  
210.241.6583 (mobile)  
1504 Northwood Rd, Austin Tx 78703

**Treasurer-Administrative Fund**

Ashleigh Emmett-ashleigh.emmett@yahoo.com  
512.981.8133(mobile)  
2709 Regents Park, Austin Tx 78746

**Expense Reimbursement & Check Request**

Check Payable to: \_\_\_\_\_

Mail to the following address: \_\_\_\_\_

Detail as follows:

Description	Amount
_____	_____
_____	_____
_____	_____
_____	_____

Total amount of Reimbursement or Check \$ \_\_\_\_\_

**Deposit**

Description: \_\_\_\_\_

Total Amount of Checks \_\_\_\_\_

Total Amount of Cash \_\_\_\_\_

Deposit Total \$ \_\_\_\_\_

**Special Instructions** \_\_\_\_\_

\*Reimbursements to members must be submitted within 30 DAYS of purchase; checks issued must be cashed within 90 DAYS.

\*Before mailing to the Treasurer, make a copy of completed form & attachments.

\*Taxes CANNOT be reimbursed from the Philanthropic Account.

**Treasurer Completes:**                      **Date Paid/Deposited** \_\_\_\_\_                      **Check No. (if appl)** \_\_\_\_\_