



A Chapter of the American School Counselor Association
and
A Division of the Tennessee Counseling Association

PLEASE SUBMIT THIS FORM TO:

Traci Tate
4505 E Main Street
Humboldt, TN
731-784-1969
ttate@k12tn.net

Please Reimburse:

Name: _____

Address: _____

Telephone: _____

Amount of Payment: _____

Reason for reimbursement: _____

TSCA Position: _____ Submitted by: _____

(Signature)

-OR-

Please Pay:

Name: _____

Address: _____

Telephone: _____

Amount of Payment: _____

Reason for payment: _____

NOTE: ORIGINAL DOCUMENTATION (WHEN APPLICABLE) IS REQUIRED AND MUST BE ATTACHED TO THIS FORM. (HOTEL BILL, INVOICE, RECEIPT, ETC.) Current mileage rate is .40/per mile.

Do not write below this line

Date Paid: _____ Check Number: _____ Amount: \$ _____

Budget Account Line: _____

(TSCA President)