

**TMCA LONE STAR MUNICIPAL CLERKS ASSOCIATION (LSCMA)
SCHOLARSHIP FOR REIMBURSEMENT FORM**

DATE SUBMITTED: _____

RECIPIENT NAME: _____

TITLE: _____

MAILING ADDRESS: _____

CITY: _____, TEXAS ZIP CODE: _____

TYPE OF REIMBURSEMENT:

- LSC Scholarship (\$250) Vicky Shaw Davis Scholarship (\$500) Athenian Dialogue (\$50)

SEMINAR/CONFERENCE NAME: _____

DESTINATION: _____

DEPARTURE DATE: _____ RETURN DATE: _____

Expense	Amount	LSCMA USE ONLY
Registration Fees	\$	
Transportation	\$	
Taxi/Shuttle	\$	
Car Rental	\$	
Personal Mileage (<i>miles X current IRS rate</i>)	\$	
Lodging	\$	
Meals	\$	
TOTAL COST:	\$	

Reimbursement should be made to:

- Recipient named above City of _____

By checking this box, I certify that these expenses have been incurred by me for educational purposes as outlined in the LSCMA Bylaws. I understand that I cannot claim LSCMA reimbursement for expenses that I have been personally reimbursed for or that I expect to be reimbursed for in the future by another source.

Recipient Signature: _____ Date: _____

**Incorrect completion of the form may result in return and delay of reimbursement.
Associated receipts must be attached.**

Submit this form with associated receipts to: TMCA Lone Star Chapter, Attn; Tina Stewart,
Treasurer, 6800 Main Street, The Colony, Texas 75056 or tstewart@thecolonytx.gov.