

# Regional Management Team

## GREAT GULF COAST REGION #10 - REQUEST FOR DISBURSEMENT

*Please attach receipts for hotel and other applicable reimbursement items!*

PRINT NAME \_\_\_\_\_ REG. TITLE/POSITION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EVENT \_\_\_\_\_ DATE of REQUEST \_\_\_\_\_

**Submit within 15 days of event/mtg.** Funding may vary, please confirm your funding with your contact or FC before submitting.

| DESCRIPTION  | AMOUNT | NOTES |
|--|--------|-------|
| Hotel Charge - Double Occupancy (max)<br>(your cost only)              |        |       |
| Round Trip _____ Miles @ .40¢ or airfare<br>Travel from _____ to _____ |        |       |
| Per diem _____ days @ \$30   |        |       |
| <b>Other Miscellaneous Reimbursement Items</b>                         |        |       |
|  |        |       |
|  |        |       |
|  |        |       |
|  |        |       |
|  |        |       |
| TOTAL PAYMENT REQUESTED  | \$     |       |

Karla Fenton, Communication Coordinator  
Marilyn Turner, Events Coordinator  
Carol Mouché, Membership Coordinator

Sheri Strawther, Director Coordinator  
Cheryl Pyle, Finance Coordinator

Ronda Perez, Education Coordinator  
Elizabeth McCurdy, Marketing Coordinator  
Gail Eltgroth, Team Coordinator

**RMT Members may approve own requests for reimbursement on approved budgeted line items.**

**RMT Members should sign approval on forms from any committee members or appointees reporting to them who are requesting reimbursements.**

Approval Signature: \_\_\_\_\_ Title: \_\_\_\_\_

**AFTER APPROPRIATE SIGNATURE IS OBTAINED, SUBMIT FORM TO:**

**Cheryl Pyle, Finance Coordinator**  
**1206 Barrington Drive, Austin, TX 78753**  
Or email to: [pyle@austin.utexas.edu](mailto:pyle@austin.utexas.edu)

Pd \$ \_\_\_\_\_ ck # \_\_\_\_\_ Date \_\_\_\_\_ Pd by: \_\_\_\_\_