



Mail to:  
 TREA National Headquarters  
 12200 E Briarwood Ave, Suite 250  
 Centennial, CO 80112

## CLAIM FOR MISCELLANEOUS EXPENSE

Traveler		Telephone No.	
Address		Email Address	
City/State/Zip			

Date of Expense	Description of Expense Item	Committee to Bill	Chart of Account Code (For office Use Only)	Amount

Remarks			Total Amount Claimed \$	
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*I certify that this claim is valid and that expenses were in connection with official business (supporting documents are attached).*

Signature of Claimant			Date	
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**FOR OFFICE USE ONLY**

Approved for payment in the amount of \$		Signature of DFO, Accountant, or Treasurer			Date	
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