

**NTMCA  
ALYCE DEERING SCHOLARSHIP  
REQUEST FOR REIMBURSEMENT FORM**

DATE SUBMITTED: \_\_\_\_\_

RECIPIENT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, TEXAS ZIP CODE: \_\_\_\_\_

SEMINAR/CONFERENCE NAME: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ RETURN DATE: \_\_\_\_\_

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

**Reimbursement should be made to:**

Recipient named above       City of \_\_\_\_\_

I certify that these expenses have been incurred by me for educational purposes as outlined in the Alyce Deering Scholarship Guidelines. I understand that I cannot claim 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 via email to [emccomis@argyletx.com](mailto:emccomis@argyletx.com) or mail to:

NTMCA  
Attn: Erika McComis  
P.O. Box 609  
Argyle, Texas 76226

For Treasurer Use Only:		
Awarded amount: _____	Reimbursed: _____	Remaining Funds: _____
Check No.: _____	Issue Date: _____	Mailed <input type="checkbox"/> Hand Delivered <input type="checkbox"/>