



# Regional Chapter

## EXPENSE REIMBURSEMENT

**Texas Society for Gastroenterology and Endoscopy**

*15511 Hwy 71 West, PMB 256, Austin, TX 78738*

**Phone:** (512) 677-6672 | **Email:** ky@cameroams.com

*Please complete the following form for reimbursement processing. The address provided below is where your check will be mailed.*

*Forms will be processed as quickly as possible. Thank you!*

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**TSGE Region:** \_\_\_\_\_

**Expenses Made by:** \_\_\_\_\_

*(Ambassador Name)*

**Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Trip To / Expense For (Event Title):** \_\_\_\_\_

**Event Date:** \_\_\_\_\_

*Attach Receipts for Reimbursement*

Date	Description	Cost (\$)
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		\$

**Signature:** \_\_\_\_\_

*Your typed name will be accepted as a valid signature for processing this form*

**FOR TSGE OFFICE USE ONLY!**  
**DO NOT COMPLETE!**

**Approved By:**

**Cost Code:**