

Faculty Expense and Fee Report

This form IS REQUIRED to receive a speaker fee even if there are no other expenses.

Faculty Name:	
Activity Title:	
Activity Date:	

*Please complete this expense report, **attach receipts** and return to the Office of Professional and Continuing Education for reimbursement. Expenses claimed that are not accompanied by a receipt cannot be reimbursed. Please allow up to four weeks for the check to arrive. UNTHSC reserves the right to limit or deny reimbursement for expenses it determines are inappropriate or excessive.*

Address where check should be sent	
Speaker Fee for Service	
Social Security Number or Tax ID Number	
Contact Phone Number	

Travel/Food/Lodging

Airfare (coach only)	\$ _____
Ground Transportation	\$ _____
Hotel	\$ _____
Meals	\$ _____
Parking	\$ _____
Mileage _____ x .42/mi	\$ _____
Total Expenses	\$ _____

I attest these expenses are my own, accurate and related to the stated activity.

Signature _____ Date _____

Please send this form and receipts to:

UNTHSC-PACE
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699

FAX: 817-735-2598
PHONE: (817) 735-2539