

# TCRT Reimbursement Form For Training Registration Fee

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_

## Itemized Expenses:

Receipt #	Date	Description	Cost
		Registration Fee	
		TOTAL	

Signature of Requestor: \_\_\_\_\_

Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Date: \_\_\_\_\_

This reimbursement is restricted to those participating in training who live in the areas identified in the map.

The reimbursements are for the trainings conducted in 2019 and is funded by a grant from the Baptist Health Foundation. When grant money runs out, the reimbursements will no longer be approved.

Receipt for registration must be included for reimbursement.

Reimbursement check will be given at the training, but participants may submit the reimbursement request in advance to:

TCRT  
6531 FM 78, Ste 110 #480  
San Antonio, TX 78244

