# TSHA Monthly Credit Card Report

Name _____ Position _____

Name of meeting/function/event and date _____

| Date Incurred | Description of Item/Service | Event/Strategy Credited | Budget # | Amount |
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**Please note the name of the meeting, function, or event your expenses correspond with, as well as the date of the event.** Enclose all receipts for credit card expenses, as appropriate, and place budget code number on receipt(s) as well.

I certify that I am familiar with TSHA's provisions for utilizing a TSHA business credit card and attest to the accuracy as to actual and necessary business expense(s).

_____ _____

Signature Date

Original and receipts mailed to TSHA State Office at 918 Congress Ave., Ste. 200, Austin, TX 78701 by the fifth day of the month.