APPLICATION FOR TFME GRANT

TFME Chapter	
TFME Event	Date
Site	City
	nt and discuss how it will benefit student members. TFME events that are educational in nature.
Address	
City	Zip
Amount of Grant Requested \$_fees and travel expenses. Receipts	(Note: Up to \$300.00 for clinician are required for reimbursement.)
	Approved by:
	Robert Floyd, TMEA Executive Director

Scan and email to kvanlandingham@tmea.org
Or mail to:

TFME Grants c/o Kay Vanlandingham P.O. Box 140465 Austin, TX 78714

CONCLUSION OF TFME EVENT

This will report the conclusion	of TFME Event for which G	rant money was requested.
Name of TFME Chapter		
TFME Event		
Date of Event		
We request that a check in the amount of \$TFME sponsor as approved by our grant request.		be sent directly to the
Explanation of expenditures reimbursement is made.	and receipts must be sul	bmitted before
	TFME Sponsor	
	Street Address	
	City, State	Zip

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Or mail to:

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