



EXPENDITURE REPORTING FORM FOR CONTRACTORS

Required for: Expenditures of more than \$50 per day made on behalf of any one trustee or employee by a TRS Contractor (as defined in the TRS Code of Ethics for Contractors; not including any other provider of goods or services)

Return to: Executive Director, Teacher Retirement System of Texas

Due by: April 15, following the calendar year covered by the report

PLEASE CHECK THE APPROPRIATE BLANK:

Contractor made no reportable expenditures during the calendar year covered by this report. If this blank is checked, please sign and provide the information requested in the signature block located at the end of this form.

Contractor made reportable expenditures during the calendar year covered by this report. If this blank is checked, please complete the rest of this form AND sign and provide the information requested in the signature block located at the end of this form.

NOTE: If daily expenditures which total in excess of \$50 fall within two or more categories noted in Item 1 of the TRS Expenditure Reporting Memorandum, then a separate form for each trustee or employee and for each category may be filed with TRS.

Recipient trustee's or employee's Name(s): _____

Were spouses/other guests in attendance? YES NO

Have you reported expenditures on spouses/guests of TRS recipients as expenditures on behalf of the TRS recipients?
YES NO

Category of Expenditure: _____
(For example, food and beverages. Refer to Item 1 of the Expenditure Reporting Memorandum for other categories.)

Description of Expenditure: _____

(Be very specific in your description.)

Vendor/Provider

Name: _____
Street Address: _____
City, State: _____

Location Served/Held (if different from address immediately above):

Name: _____
Street Address: _____
City, State: _____

Amount of Expenditure per day per trustee or employee:

Date of Expenditure: _____
(For consumption, use, purchase, receipt.)

Date of Receipt: _____
(If different from date of expenditure.)

BY MY SIGNATURE, I HEREBY CERTIFY AND REPRESENT THAT THE
INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT.

Signature

Printed Name

Title

Name of Contractor

Contractor's Address

Date of Signature

20 _____ CALENDAR YEAR
COVERED BY THIS REPORT