

**TRAVEL EXPENSES  
WASHINGTON COUNTY, TEXAS**

NAME OF PERSON SUBMITTING REPORT: \_\_\_\_\_  
 NAME OF DEPARTMENT: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PURPOSE OF TRAVEL: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

MEALS AND LODGING: The receipts must be attached to this form. The total meals for the day should not exceed the daily amount of \$38.00, including gratuity. Per Diem will not be allowed. **NON-OVERNIGHT MEALS ARE TO BE PAID WITH PERSONAL FUNDS AND NOT WITH COUNTY CREDIT CARD.**

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	ACTUAL LODGING EXPENSE	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TRAVEL AND TRANSPORTATION

Airline, Bus, Train (Attach Travel Ticket) -----  
 Personal Auto \_\_\_\_\_ Miles at 58 cents per mile -----  
 Other Travel or Transportation Expenses - Taxi, Parking, etc. (Attach Receipts) ---

OTHER EXPENSES

Conference Registration (Attach Receipts and Copy of Program) -----

**REQUEST FOR REIMBURSEMENT** \$ \_\_\_\_\_

**CREDIT CARD CHARGES** \$ \_\_\_\_\_

**Please place a "C" by all credit card charges and enter the amount on the line above. All other charges payable to above individual please enter on "REQUEST FOR REIMBURSEMENT" line.**

CERTIFICATION BY EMPLOYEE: "I certify that the expenses as shown on this form are true and correct statement of expenses incurred by me while traveling on official county business."

\_\_\_\_\_  
 SIGNATURE OF EMPLOYEE DATE

CERTIFICATION OF OFFICIAL OR DEPT. SUPERVISOR: "I certify that the above named employee received proper authorization for official county travel. I have examined the request for reimbursement and approve the same for payment."

\_\_\_\_\_  
 SIGNATURE-OFFICAL/DEPT. SUPERVISOR DATE

BUDGET ACCOUNT(S) TO BE CHARGED

\_\_\_\_\_  
 COUNTY JUDGE DATE

\_\_\_\_\_  
 COUNTY AUDITOR DATE