## TRAVEL EXPENSES WASHINGTON COUNTY, TEXAS

Other Travel or Transportation Expenses - T  OTHER EXPENSES  Conference Registration (Attach Receipts an	EVENING MEAL  cents per mile	ACTUAL LODGING EXPENSE	should not NIGHT MEALS
MEALS AND LODGING: The receipts must be exceed the daily amount of \$38.00, including graf ARE TO BE PAID WITH PERSONAL FUND  MORNING NOON DATE MEAL MEAL  TRAVEL AND TRANSPORTATION  Airline, Bus, Train (Attach Travel Ticket) Personal Auto Miles at 54.5 of Other Travel or Transportation Expenses - T  OTHER EXPENSES  Conference Registration (Attach Receipts and REQ	attached to this form. The tuity. Per Diem will not be a S AND NOT WITH COULD EVENING MEAL	ACTUAL LODGING EXPENSE	should not NIGHT MEALS . DAILY
ARE TO BE PAID WITH PERSONAL FUND  MORNING NOON DATE MEAL MEAL  TRAVEL AND TRANSPORTATION Airline, Bus, Train (Attach Travel Ticket) Personal Auto Miles at 54.5 of Other Travel or Transportation Expenses - T  OTHER EXPENSES  Conference Registration (Attach Receipts and REQ	EVENING MEAL  cents per mile	ACTUAL LODGING EXPENSE	NIGHT MEALS . DAILY
TRAVEL AND TRANSPORTATION  Airline, Bus, Train (Attach Travel Ticket) Personal Auto Miles at 54.5 c Other Travel or Transportation Expenses - T  OTHER EXPENSES  Conference Registration (Attach Receipts an	MEAL	LODGING EXPENSE	
Airline, Bus, Train (Attach Travel Ticket) Personal Auto Miles at 54.5 of Other Travel or Transportation Expenses - T  OTHER EXPENSES Conference Registration (Attach Receipts an REQ	cents per mile		
OTHER EXPENSES  Conference Registration (Attach Receipts an REQ			
	d Copy of Program)		
	UEST FOR REIMBUR	SEMENT \$	
	CREDIT CARD CHAR	RGES \$	
Please place a "C" by all credit card charges a payable to above individual please enter on "R			r charges
CERTIFICATION BY EMPLOYEE: "I certify t correct statement of expenses incurred by me whi			
	SIGNATURE OF	EMPLOYEE	DATE
CERTIFICATION OF OFFICIAL OR DEPT. SU received proper authorization for official county t and approve the same for payment."			=
BUDGET ACCOUNT(S) TO BE CHARGED		FICAL/DEPT. SUPER	VISOR DATE
		3	DATE

COUNTY AUDITOR

DATE