

**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 \$45.00, 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 58.5 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."

BUDGET ACCOUNT(S) TO BE CHARGED

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

\_\_\_\_\_  
COUNTY JUDGE   DATE

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