

# Washington County Meals Per Diem Request Form

Advance:

Reimbursement:

I hereby request per diem funds for meals at a conference/event to be attended on behalf of Washington County.

**A COPY OF THE CONFERENCE/EVENT AGENDA MUST BE ATTACHED TO THIS FORM.**

Name: \_\_\_\_\_

Line Item to Be Charged: \_\_\_\_\_

Conference/Event Name, City and State: \_\_\_\_\_

Dates of Conference/Event: \_\_\_\_\_

**Amount:**

First Day of Travel/One-Day Travel       $(\$55.00 \times 75\% = \$41.25)$  \_\_\_\_\_

\_\_\_\_\_ Full Days       $(\$55.00 \text{ per day})$  \_\_\_\_\_

Last Day of Business Travel       $(\$55.00 \times 75\% = \$41.25)$  \_\_\_\_\_

**Total Funds Requested:** \_\_\_\_\_

In the event of non-attendance (for any reason), the per diem must be returned to Washington County Treasurer's Office within 5 days of the event. Failure to comply will result in the amount being deducted from your next paycheck.

\_\_\_\_\_  
Signature of Employee

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Official/Dept. Supervisor

Date: \_\_\_\_\_

\_\_\_\_\_  
County Judge

Date: \_\_\_\_\_

\_\_\_\_\_  
County Auditor

Date: \_\_\_\_\_

Advance per diem must be submitted to Auditor's Office at least 14 days prior to Conference/Event.

Please submit completed form and attachments to [auditorsoffice@washingtoncountytexas.gov](mailto:auditorsoffice@washingtoncountytexas.gov)