

**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 57.5 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."

SIGNATURE-OFFICAL/DEPT. SUPERVISOR DATE

BUDGET ACCOUNT(S) TO BE CHARGED

COUNTY JUDGE DATE

COUNTY AUDITOR DATE