

# Washington County Reimbursement Request Form

## Travel and Other

2025

I hereby request reimbursement for travel to a conference/event to be attended on behalf of Washington County.

**A GOOGLE MAP SHOWING ROUTE FROM OFFICE TO HOTEL MUST BE ATTACHED TO THIS FORM.**

Name: \_\_\_\_\_ Line Item to be Charged: \_\_\_\_\_

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

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

Travel \_\_\_\_\_ miles X .70 cents per mile **Amount:**  
\$ \_\_\_\_\_

Hotel \$ \_\_\_\_\_ per night X \_\_\_\_\_ nights \$ \_\_\_\_\_

Other: \_\_\_\_\_ \$ \_\_\_\_\_

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

Signature of Employee \_\_\_\_\_ Date: \_\_\_\_\_

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

County Judge \_\_\_\_\_ Date: \_\_\_\_\_

County Auditor \_\_\_\_\_ Date: \_\_\_\_\_