

Washington County Meals Per Diem Request Form

Advance:

Reimbursement:

NAME: _____

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.

Date: _____ 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 x 75% = \$41.25)	_____
_____ Full Days	(\$55.00 per day)	_____
Last Day of Business Travel	(\$55.00 x 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