

# Washington County Reimbursement Request Form

## Travel and Other

2026 Rates

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: \_\_\_\_\_

	Amount:
Travel _____ miles X .725 cents per mile	\$ _____

Hotel \$ _____ per night X _____ nights	\$ _____
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Other: _____	\$ _____
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_____	<b>Total Funds Requested:</b>	\$ _____
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Signature of Employee	Date:
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Signature – Official/Dept. Supervisor	Date:
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County Judge	Date:
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County Auditor	Date:
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