

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

\$ _____

Other:

\$ _____

Total Funds Requested: \$ _____

Signature of Employee

Date:

Signature – Official/Dept. Supervisor

Date:

County Judge

Date:

County Auditor

Date: