HARRISON COUNTY, TX

LOCAL TRANSPORTATION EXPENSE REIMBURSEMENT FORM

NOTE: This form must be completed in detail including odometer reading **or** by attaching documentation of mileage (MapQuest, Yahoo, etc.) including starting point(s) and destination point(s). Upon approval of Elected Official or Department Head, submit the completed form with attachments to the County Treasurer to claim reimbursement for use of personal auto for official local county business travel. Reimbursement will be at the current IRS rate. **Requests for reimbursement are encouraged to be submitted within 30 days of travel end date.**

DATE OF REQUEST:

DEPARTMENT:

REQUEST SUBMITTED BY:

| | SPEEDOMETER READING | | TOTAL | |
|----------------|---------------------|------------------|---------------|---|
| DATE | FROM | ТО | MILES | DESCRIPTION OF COUNTY TRAVEL |
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| TOTAL MIL | ES THIS REPO | RT | | |
| LESS: PER | SONAL MILES | | | |
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| TOTAL CO | UNTY MILES | - | | X =REQUESTED AMOUNT |
| "I boroby ov | waar that the aba | vo is a true and | corroct state | ment of use of my personal auto for official local Harrison |
| | iness travel and | | | |
| County bus | | | | e same. |
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| Signature | of Person Makin | na Report | Date | Department Head/Supervisor Signature Date |
| - J | | 3 | | |
| CHARGE | TO ACCOUNT | NUMBER: | | |
| | | - | | |
| | | | | ASURER'S USE ONLY |
| | | | | |
| DATE RECEIVED: | | | | DATE ENTERED: |
| | | | | |