

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:

DATE	SPEEDOMETER READING		TOTAL	DESCRIPTION OF COUNTY TRAVEL
	FROM	TO	MILES	
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL MILES THIS REPORT _____
LESS: PERSONAL MILES _____
TOTAL COUNTY MILES _____ **X** = _____ **REQUESTED AMOUNT**

"I hereby swear that the above is a true and correct statement of use of my personal auto for official local Harrison County business travel and request reimbursement for the same."

Signature of Person Making Report **Date** **Department Head/Supervisor Signature** **Date**

CHARGE TO ACCOUNT NUMBER: _____

FOR COUNTY TREASURER'S USE ONLY

DATE RECEIVED: _____ DATE ENTERED: _____
