

NAVARRO COUNTY
 REPORT OF PERSONAL EXPENSES RELATION TO COUNTY BUSINESS
 AND TRAVEL RECONCILIATION FOR REIMBURSEMENT

EFFECTIVE JANUARY 13, 2025

NAME: _____ DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

PERIOD COVERED BY THIS REQUEST:

FROM: _____ TO: _____

DATE	TRAVEL FROM	TRAVEL TO	NO. MILES	AIRFARE/ CAR RENT	LODGING	MEALS	MISC	DAILY TOTAL
					-	-	-	-
					-	-	-	-
					-	-	-	-
						-	-	-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-
								-

TOTALS					-	-	-	-	-
TOTAL MILEAGE				0.0	0.70				-
				TOTAL EXPENSES					-

COUNTY AUDITOR'S USE ONLY	
ACCT:	
VENDOR:	
APPR:	

LESS: REQUESTED TRAVEL ADVANCE	
CK# _____	Date: _____
CK# _____	Date: _____
CK# _____	Date: _____
REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)	
-	

The undersigned certifies that the information contained herein is true and correct, is reasonable, within the employee's normal job assignment, and necessary for County business.

EMPLOYEE SIGNATURE _____ DATE _____ OFFICEHOLDER SIGNATURE _____ DATE _____