

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

EFFECTIVE JANUARY 08, 2024

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	0.67				-
TOTAL EXPENSES								-
LESS: REQUESTED TRAVEL ADVANCE								-
ACCT: _____				CK# _____	Date: _____			
VENDOR: _____				CK# _____	Date: _____			
APPR: _____				CK# _____	Date: _____			
REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)								-

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

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