

**LIBERTY COUNTY, TEXAS**  
**APPLICATION FOR VENDOR NUMBER**  
(Liberty County Employees Only)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone #: \_\_\_\_\_

**Payment Requested For:**

Travel \_\_\_\_ Mileage \_\_\_\_ Reimbursement \_\_\_\_ Other (list) \_\_\_\_\_

Department: \_\_\_\_\_

Dept Head Signature: \_\_\_\_\_