NAVARRO COUNTY

REPORT OF PERSONAL EXPENSES RELATING TO COUNTY BUSINESS AND REQUEST FOR REIMBURSEMENT

NAME: _____ DEPT: _____

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						

TOTAL EXPENSES	
LESS: REQUESTED TRAVEL ADVANCE (CK# _____, DATE _____)	
REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)	

COUNTY AUDITOR'S USE ONLY	
ACCT:	
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

NCA03