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

EFFECTIVE JANUARY 23, 2018

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		0.545				-
							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

REVISED 01/08/18