

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

Approved by Commissioners Court on 01/09/2023

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			-	0.655				-
TOTAL EXPENSES								-
LESS: REQUESTED TRAVEL ADVANCE								-
Meals / Miles - CK# _____				Date: _____				-
Hotel - CK# _____				Date: _____				-
Registration - CK# _____				Date: _____				-
REIMBURSEMENT DUE EMPLOYEE /								-
(AMOUNT DUE COUNTY)								-

COUNTY AUDITOR'S USE ONLY	
VENDOR:	
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