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

EFFECTIVE JANUARY 15, 2021									
NAME:	NAME:			DEPARTMENT:					
PURPOSE (OF TRAVEL:								
PERIOD CO	VERED BY THIS REQU	IEST:							
FROM:		TO:							
DATE	TRAVEL FROM	TRAVEL TO	NO. MILES	AIRFARE/ CAR RENT	LODGING	MEALS	MISC	DAILY TOTAL	
			WILLO	O/ II C I C I C I	-	-	-	-	
					-	-	-	-	
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								-	
								-	
								-	
		TOTALS		-	-	-	-	-	
TOTAL MILEAGE			0.0	0.56	3			-	
L						TOTAL E	XPENSES	-	
COUNTY AUDITOR'S USE ONLY				LESS: REQUESTED TRAVEL ADVANCE					
ACCT:				CK#		Date:			
VENDOR:		CK#			Date:				
APPR:			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								- al	
	nt, and necessary for Coun		as and ot		will	. ато отпріо	, 50 5 11011116		

DATE OFFICEHOLDER SIGNATURE

DATE

EMPLOYEE SIGNATURE