

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

NAME Your Name DEPT: Your Dept.

PURPOSE OF TRAVEL: Your Training or Seminar

PERIOD COVERED BY THIS REQUEST:

FROM: Date you left TO: Date you will return

EXAMPLE

DATE	TRAVEL FROM	TRAVEL TO	NO. MILES	AIRFARE/ CAR RENT	LODGING	MEALS	MISC	DAILY TOTAL
2/23/2011	Corsicana	Austin	215		117.23	34.50		151.73
2/24/2011					117.23	46.00		163.23
2/25/2011					117.23	46.00		163.23
2/26/2011					117.23	46.00		163.23
2/27/2011					117.23	46.00		163.23
2/28/2011					117.23	46.00		163.23
2/29/2011	Austin	Corsicana	215			34.50		34.50
								-
								-
								-
								-
TOTALS				-	703.38	299.00	-	1,002.38
TOTAL MILEAGE			430	(x.555)				238.65
TOTAL EXPENSES								1,241.03
LESS: REQUESTED TRAVEL ADVANCE								
				CK#	1234	Date:	2/15/2011	299.00
				CK#	1235	Date:	2/15/2011	703.38
REIMBURSEMENT DUE EMPLOYEE / (AMOUNT DUE COUNTY)								238.65

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.

 Your Signature Here
 EMPLOYEE SIGNATURE DATE

 Supervisor Signature
 OFFICEHOLDER SIGNATURE DATE