NAVARRO COUNTY EXPENSE FORM
NON-OVERNIGHT MEALS

EMPLOYEE NAME:_____

DEPARTMENT:_____

PURPOSE FOR TRAVEL:_____

TRAVEL LINE ITEM #:_____

NOTE: Although reimbursement will be made through the payroll system, the department's budgeted Travel/Training line item should be charged.

DATE	LOCATION	AMOUNT

TOTALS_____

Statement of Elected Official or Department Head

"The above named employee is hereby authorized to submit this travel expense form for the purpose stated hereon."

_____ _____

Signature of Official or Department Head Auditor's Office Approval

**All non-overnight travel expense for meals is now paid through payroll, and appropriate payroll taxes will be withheld.

TURN THIS FORM IN TO THE AUDITOR'S OFFICE WITH ORIGINAL RECEIPTS FOR MEALS EXPENSES.