

**Kenneth Liggett, County Judge
CLAY COUNTY, TEXAS**

**Clay County Courthouse Annex
214 North Main Street
Henrietta, Texas 76365**

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July 20, 2015

TO: ELECTED OFFICIALS AND OFFICE PERSONNEL

FROM: KENNETH LIGGETT-COUNTY JUDGE

SUBJECT: FISCAL YEAR 2016-TRAVEL EXPENSE REIMBURSEMENT FORM

Attached, please find a copy of the Fiscal Year 2016 Travel Expense Reimbursement Form to be in effect October 01, 2015.

The Commissioners' Court has approved the rates for out of town overnight meal expenses, and the mileage rate.

There is no longer a reimbursement for day meals if travel is not overnight, only the mileage will be reimbursed for the day trip.

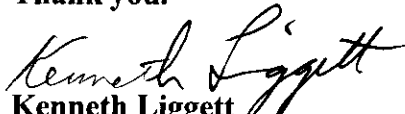
Meals will not exceed \$ 30.00/for a 3 meal day out of town overnight, and the mileage rate will be at \$.55/mile.

If you incur any expenses to be reimbursed by Clay County, please use the attached form. To be reimbursed for hotel expenses, you must attach the actual receipt to this form, and make sure it is signed by you and by the official department head.

Please run a copy of this form to use and keep the original in a file.

If you have any questions, or need any further information, please feel free to contact me.

Thank you.


**Kenneth Liggett
County Judge**

**CLAY COUNTY, TEXAS
TRAVEL EXPENSE REIMBURSEMENT FORM**

NAME OF EMPLOYEE SUBMITTING REQUEST: _____

NAME OF DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

ESTIMATED MEALS AND LODGING: You may claim a set amount of **\$30.00/for a 3 meal day out of town overnight.**
Actual expenses for motel/hotel accommodations with this report, with actual receipt.

Meals Maximum \$30.00	Lodging Receipts Required	Date	Daily Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED TRAVEL AND TRANSPORTATION:

Airline, Bus, Train _____

Personal Auto _____ miles @ \$.55 per mile _____

ESTIMATED OTHER EXPENSES:

Conference Registration Expense _____

TOTAL TRAVEL EXPENSE	\$ _____
Deduct: Total advance on expenses already received	(-) \$ _____
TOTAL REQUEST FOR REIMBURSEMENT	\$ _____
TOTAL REFUND DUE COUNTY	\$ _____

CERTIFICATION BY EMPLOYEE:

"I certify that the expenses as shown on the travel expense form are true and correct statements of expenses incurred by me while traveling out-of-county on official county business."

Signature of Person Submitting Report

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD:

"I certify that the above named employee received proper authorization for out-of-county travel. I have examined the requests for reimbursement on the travel expense form and approve the same for payment."

Signature of Official **or**
Department Head