CLAY COUNTY, TEXAS TRAVEL EXPENSE REIMBURSEMENT FORM

NAME OF EMPLOYEES	SUBMITTING REQUEST:		
DEPARTMENT:			
PURPOSE OF TRAVEL:			
	You may claim a set amount of \$30.00 a day for <u>Out of Town Overnight.</u> Day classes are not subject to meal reimbursement.		
Date	Meals Maximum \$30.00	Daily Total	
MILEAGE AND TRANSP	ORTATION:		
Personal Auto:	miles @ \$.55 per mile		
OTHER EXPENSES:			
TOTAL REQUEST FOR F	REIMBURSEMENT		
-		m are true and correct statements of expenses business."	
"I certify that the abov	ICIAL OR DEPARTMENT HEAD: e named employee received proper autl	nature of Employee horization for out-of-county travel. I have	
evanimen the reduests	o or reminalizement on the fraverexben	se form and approve the same for payment."	

Signature of Official or Department Head

CLAY COUNTY, TEXAS CREDIT CARD EXPENSE SHEET

NAME OF EMPLOYEE:		
YPE OF CREDIT CARD:		
EASON FOR EXPENSE:		
l expenses that are charge	d on a County issued credit card are re	equired to provide a copy of all receipts.
DDGING:		
Date	Total	EXPENSE LINE #
		
JEL:		
Date	Total	EXPENSE LINE #
HER:		
Date	Total	EXPENSE LINE #
		
	Signatu	re of Employee
	Signatu	re of Official or Department Head