

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

NAME OF EMPLOYEE SUBMITTING REQUEST: _____

DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

MEALS: You may claim a set amount of \$30.00 a day without receipts.
You may claim up to \$50.00 with receipts. (Tips and Alcohol will not be reimbursed.)
Reimbursement is for overnight, out of town only.
Day classes are not subject to meal reimbursement.

Date	Meals	Daily Total
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MILEAGE AND TRANSPORTATION:

Personal Auto: _____ Miles IRS standard mileage rate _____
Subject to change yearly in January

OTHER EXPENSES: _____

TOTAL REQUEST FOR REIMBURSEMENT _____

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 Employee

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