REIMBURSEMENT OF PERSONAL FUNDS - EXPENSE REPORT

Daily Limit $60 with Itemized Receipts

ERATH COUNTY, TEXAS

(Must be received by Auditor's Office no later than 5 days from the date of travel.)

Name: _____ **Mailing Address** _____

Purpose: _____ **Dates of Travel:** _____

Location: _____

Mileage Rate	**Mileage Expense**
$0.73	$ 0.00

Traveled in Personal Vehicle: NO **If YES, Total # Miles Claimed:** _____

					FOR AUDITOR'S OFFICE USE ONLY		
DATE	DESCRIPTION	MEALS	OTHER	ITEMIZED RECEIPT INCLUDED	LINE ITEM #	REIMBURSABLE AMOUNT	NON-REIMBURSABLE AMOUNT
Subtotals		$ 0.00	$ 0.00				
TOTAL			$ 0.00				

TOTAL REIMBURSABLE	**TOTAL NON-REIMBURSABLE**

I hereby certify that this is a true and correct report of travel and other expenses incurred by me and paid for with ***personal funds***. All expenses listed are required in the performance of my official duties for Erath County and follow the Erath County credit card and travel policy. **Attached are copies of meeting registration/agenda, attendance certificates, (at least one of these items must be attached if claiming per diem for meals) and/or itemized receipts.**

Signature: _____ **Title:** _____

Office Holder Approval: _____