

LOCAL TRAVEL EXPENSE REIMBURSEMENT Expense Form #4

Person Submitting	Report:				Department:			
Purpose of Travel:								
			ed to the County Aud ate per mile as appro		nbursement for use of persioners Court.	ersonal auto for offic	cial local county	
DATE	ODOMETER	R READING			DECORPORATION OF OFFICIAL COUNTY TO AVE			
	FROM	то	TOTAL MILES	D	DESCRIPTION OF OFFICIAL COUNTY TRAVEL			
TOTAL MILES			#					
TOTAL NUMBER OF M	IILES FOR THIS REPO	RT	#	@	PER MILE	\$		
			CERTIFIC					
EMPLOYEE: "I certify that the above is a true and correct statement of use of m personal auto for official county business travel and request reimbursement for same."				y OFFICIAL, DEPARTMENT HEAD OR COMMISSIONERS COURT LIAISON: "I certify that the above named employee received proper authorization for personal auto use for official county business travel. I have examined the request for reimbursement and approve the same for payment."				
Signature of Employee Da			ate		f Official/Department Head or Date ners Court Liason			