

**BEE COUNTY TEXAS
EXPENSE REIMBURSEMENT FORM**

NAME: _____ DEPARTMENT: _____

Departure		Arrival		POINTS OF TRAVEL			ODOMETER	
DATE	HOUR	DATE	HOUR	FROM	TO	START	END	TOTALS
								0
								0
								0
								0
TOTAL MILEAGE								0

Purpose of Travel: _____

Odometer Reading Detail: _____

OTHER EXPENSES (Attach receipts)		TOTALS
DATE	DESCRIPTION	
TOTAL EXPENSES		\$0.00

MILEAGE REQUEST _____ X _____ 0.5 _____ \$0.00

OTHER EXPENSES REQUEST: _____ \$ _____

TOTAL EXPENSES REQUEST \$0.00

I certify that this statement, the amounts claimed and attachments are true, correct, and complete to the best of my knowledge and belief, and that expenses were necessary to conduct Bee County business.

Requested by _____ Date _____
 Approved by _____ Date _____
 Approved by _____ Date _____
 County Judge _____ Date _____

