

**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
								0
								0
							TOTAL MILEAGE	
							0	

Purpose of Travel: \_\_\_\_\_

\_\_\_\_\_

Odometer Reading Detail: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE	DESCRIPTION	TOTALS
TOTAL EXPENSES		\$0.00

MILEAGE REQUEST \_\_\_\_\_ X \_\_\_\_\_ \$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 \_\_\_\_\_