



# Texas Association of Counties CLERKS REIMBURSEMENT FORM

**Event Name** County & District Clerks Winter Conference

**Date(s)** February 5-8, 2018 **Location** San Marcos, TX

Please return reimbursement forms to the registration desk onsite or to Michele Mund by email at [michelem@county.org](mailto:michelem@county.org), by fax at (512) 477-1324 or by mail at TAC, Attn: Judicial Education, PO Box 2131, Austin, TX 78768. Questions? Please call (800) 456-5974.

PAYABLE TO								
<b>Name</b>					<input type="checkbox"/> Payable to Name		<input type="checkbox"/> Split Check	
<b>County</b>					<input type="checkbox"/> Payable to County			
<b>Address, City, State, Zip</b>								
TRAVEL								
<i>Reimbursement for travel reserved through third party vendors (Expedia, Travelocity, etc.) is authorized. <b>Valid receipts required.</b></i>								
<b>Date of air travel</b>		<b>From (city)</b>		<b>To (city)</b>				
<b>Date of auto travel</b>		<b>From (city)</b>		<b>To (city)</b>				
<i>Mileage calculated from city to city, per Google Maps.</i>						<b>Total</b>	<i>Accounting Only</i> 530.53	
<b>Mileage</b> (mileage is calculated by TAC)			miles at	0.45	cents per mile =	\$	\$	
<b>Airfare (receipt required)</b>						\$	\$	
<b>Airport Parking (receipt required)</b>						\$	\$	
<b>Rental Car (receipt required)</b>						\$	\$	
<b>Fuel, Other (receipts required)</b>						\$	\$	
<b>RENTAL CARS</b> <u>Rental cars must be pre-approved.</u> Please email requests to <a href="mailto:michelem@county.org">michelem@county.org</a> . Letters of pre-approval should be attached to reimbursement form. If you ride with someone who has a rental car, please do not pay for or claim any mileage, gas, or rental costs on this form. If carpooling, please list all passengers and denote the driver below.								
Rental Car Driver: _____				Total # of Passengers: _____				
Passenger Name(s): _____								
<b>TOTAL TRAVEL EXPENSE</b>						\$	\$	
LODGING								
<b>Dates</b>		2/5/18	2/6/18	2/7/18			<b>Total</b>	<i>Accounting Only</i> 530.52
<b>Sleeping Room (receipt required)</b>							\$	\$
<b>GSA RATE: \$70 + TAXES</b>						<b>TOTAL LODGING EXPENSE</b>	\$	\$
<b>TOTAL REIMBURSEMENT REQUEST</b>						\$	\$	

Claims must be submitted within 60 days. Airfare, car rental, fuel and hotel receipts must be attached to receive reimbursement.

I certify that I personally incurred these expenses for the purpose stated. I certify that I have not been reimbursed from another source for any of the expenses listed. I certify that this request is correct to the best of my knowledge.

**Signature** \_\_\_\_\_  
**Date** \_\_\_\_\_

Date Paid	Fund	Check #	Amount	Initials
			\$	
			\$	

If you are an elected official, reimbursement for your expenses associated with this conference is provided in accordance with the requirements of Government Code Chapters 56 and 74 and pursuant to rules adopted by the Texas Court of Criminal Appeals.