



Request for Payment/Reimbursement

In accordance with Article XIV (14.02) of the County and District Clerks' Association of Texas (CDCAT) By-Laws, members of the Association may receive reimbursement for their necessary expenses incurred while conducting business for, or on behalf of the CDCAT, upon approval by the President. All requests must include receipts for expenses.

All checks in excess of \$250 must be signed by the President and Treasurer

Name: _____
Please Print

Date: _____

Address: _____
Please Print

Phone: _____

Payment/Reimbursement request: Brief description -

\$ _____

Other:

\$ _____

TOTAL OF REQUEST:

\$ _____

I CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF THIS REQUEST.

Signature: _____

Approved by President's signature

Date: _____

Complete this form (including obtaining the President's signature), attach all receipts and return to:

Honorable Patti Henry, Treasurer
Chambers County District Clerk
P.O. Box NN, Anahuac, Texas 77514
phenry@chamberstx.gov
409-267-5596