



## Request for Travel Reimbursement

In accordance with Article XIV (14.01, 14.02) of the County and District Clerks' Association of Texas (CDCAT) By-Laws, necessary expenses incurred while conducting business for, or on behalf of the CDCAT may be reimbursed upon written request. **All requests for reimbursement 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: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_ Reason for Travel: \_\_\_\_\_

\*Mileage is reimbursed at the current rate set by the Texas State Comptroller

Airfare:	\$ _____
Mileage: *.56 per mile. Miles Traveled: _____	\$ _____
Hotel Accommodations: (total amount including tax)	\$ _____
Meals:	\$ _____
Transportation and Parking:	\$ _____
Total Travel Reimbursement Requested:	\$ _____

Other – is defined as any other expenses incurred while executing duties on behalf of the CDCAT.

Other: Brief description - \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT REQUESTED:** \$ \_\_\_\_\_

I CERTIFY THAT THE FOREGOING IS A TRUE AND CORRECT STATEMENT OF MY EXPENSES.

Signature: \_\_\_\_\_

**Complete this form, attach all receipts and return to:**

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