## **Attachment A**

## JEFFERSON COUNTY, TEXAS TRAVEL EXPENDITURE CLAIM FORM

Traveler	's Name:	1	Department:					
	DEIMBUDGEMENT EOD EVDENDE	TUDES MADE O		OF OFFICIAL	DUCIN	ECC.		
	REIMBURSEMENT FOR EXPENDITE Description of Items	TURES MADE O	ACCOUNT	OF OFFICIAL	BUSIN	E33:		
	(Include Only Such Items For Which							
Date	Receipts Are Attached)	Lodging	Meals	Transpor	Transportation		Miscellaneous	
	*ATTACH CASH ADVANCE							
Subtotals		\$	\$	\$		\$		
Total Travel						\$		
Less: Cash Advance						\$		
Amount Due To (Payable From) Traveler						\$		
D.,,,,,,	of Two wells							
Purpose o	л 11avei;							
Place of I	Departure:	<b>Destination:</b>						
	Departure and Date:	Time of Return and Date:						
Departme	ent:							
TD1 1		11 . 11		111 001 1	<u> </u>	1 .	1	
	signed hereby certifies that expenditures uch items were actually paid by him/her							
	of (if Travel Cash Advance was received)				ont there	or or for all	У	
Traveler'		) <b>F</b> J == 2400.						
Signature	e: D	ate:	Title:					
Departme	ent Head/Designee Authorization for l	Reimbursement						
Signature: Date: Title:								