



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/Parking/Gas:	\$ _____
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 Julie Smith, Treasurer
Potter County Clerk
P.O. Box 9638, Amarillo, TX 79105
juliesmith@co.potter.tx.us