



Rachel Parker  
Hill County Treasurer

## Request for Reimbursement

Date: \_\_\_\_\_

Personal funds in the amount of \$ \_\_\_\_\_ were spent on behalf of Hill County. I hereby request reimbursement of the following expenses:

**A COPY OF ALL RECEIPTS AND AGENDAS MUST BE ATTACHED TO THIS FORM**

Conference/Event Name: \_\_\_\_\_ City: \_\_\_\_\_

Dates of Conference/Event: \_\_\_\_\_

	<u>Amount:</u>	<u>Budget Line:</u>
Hotel \$ _____ per night X _____ nights	\$ _____	_____
Travel _____ miles X 0.67 cents per mile (as of 1/1/2024)	\$ _____	_____
Meals	\$ _____	_____
Other _____	\$ _____	_____
_____		
_____		

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

Please make EFT payable to:

\_\_\_\_\_

\_\_\_\_\_  
Department Head/or representative

\_\_\_\_\_  
Date

Reimbursement form updated 7/1/2022