



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 FOR MILEAGE – WE REQUIRE YOUR INSURANCE CARD

Conference/Event Name: _____ City: _____

Dates of Conference/Event: _____

	<u>Amount:</u>	<u>Budget Line:</u>
Hotel \$ _____ per night X _____ nights	\$ _____	_____
Travel _____ miles X 0.70 cents per mile (as of 1/1/2025)	\$ _____	_____
Meals	\$ _____	_____
Other _____	\$ _____	_____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Please make EFT payable to:

Department Head/or representative

Date

Reimbursement form updated 2/27/25