



Rhonda Burkhart

Hill County Treasurer

2018 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 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 54.5 cents per mile (as of 1/1/18)	\$_____	_____
Meals	\$_____	_____
Other _____	\$_____	_____

TOTAL REIMBURSEMENT REQUESTED: \$_____

Please make payment to:

Department Head/or representative Signature

Date

Reimbursement form updated 01/03/2018 - effective 1/1/2018