



Rhonda Burkhart
Hill County Treasurer

2020 Request for Reimbursement

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 57.5 cents per mile (as of 1/1/2020)	\$ _____	_____
Meals	\$ _____	_____
Other _____	\$ _____	_____

TOTAL REIMBURSEMENT REQUESTED: \$ _____

Please make payment to:

Department Head/or representative Signature

Date

Reimbursement form updated 1/1/2019 - effective 1/1/2020