



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 PROOF OF INSURANCE AND IDENTIFICATION OF VEHICLE YOU TRAVELLED IN (eff 5.13.25 through CC).**

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 5/15/2025