



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 TRAVELED 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 72.5 cents per mile (as of 1/1/2026)	\$ _____	_____
Meals	\$ _____	_____
Other _____	\$ _____	_____
TOTAL REIMBURSEMENT REQUESTED:		\$ _____

Please make EFT payable to:

Department Head/or representative

Date

Reimbursement form updated 1/6/2026