



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 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