

REQUEST FOR REIMBURSEMENT

TO: COMMISSIONERS COURT

FROM: _____ DATE: _____
(PRINT NAME)

REGARDING REIMBURSEMENT

PLEASE REIMBURSE ME FOR THE FOLLOWING EXPENSES- RECEIPTS ATTACHED

I HEREBY CERTIFY THAT I HAVE NOT BEEN REIMBURSED FOR THE EXPENSES LISTED ABOVE AND THAT THEY WERE FOR USE AND BENEFIT OF BASTROP COUNTY.

SIGNATURE

DATE

DEPARTMENT APPROVAL

BUDGET CODE