FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

| Purpose of Travel: CHCP STATE TRAINING Destination: AUSTIN, TX Date/Time Departure of FBC | Name: MARTHA HERNANDEZ SSN or Vendor # | | | Department: IN | partment: INDIGENT HEALTH CARE | | |
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| Auding Source #2: (if applicable) Gazon G | unding Source #1: | | | | | | |
| Caccounting Unit) Caccount Number Cactivity) Explicable Respecting Category) Explication Call-CP STATE TRAINING Destination: AUSTIN, TX | 3: C #2. (if | | · · · · · · · · · · · · · · · · · · · | (Activity) if applicable | (Reporting C | Category) if applicable | |
| ate/Time Departure of FBC | | | | (Activity) if applicable | (Activity) if applicable (Reporting Category) if application | | |
| anterTime Departure of FBC | Purpose of Travel: CIHCP STATE TRAI | | | Destination: | AUSTIN, TX | | |
| teans of Transportation Personal Vehicle Causty Vehicle Airline Rental Car at Destination Ves No oted Prepaid Ves No Refund due from Hotel Ves No Cash Receipt Deposit # No Refund due from Hotel Ves No Agency: N | | | | Date/Time | | | |
| oted Prepaid | Date/Time Departure of FBC 8.26.13 @ 8:00 A.M. | | | Arrival at FBC | 8.28.13 @ 5 P.M. | | |
| ny expenses reimbursed by another agency? (State) | Means of Transportation ☐ Personal Vehicle ☑ County Vehicle ☐ Airline | | | Rental Car at Destination | Yes V No | | |
| ny expenses charged on the PCARD? Yes | otel Prepaid 🔲 Yes 🗔 |] No Refund due from Hot | el 🗌 Yes 🗾 No | Cash Receipt Deposit # | | | |
| Proof of payment must be attached for items prepaid by check or on the Procurement Card (hotel, airfare, rental car, conf. registration et Merchant/Location/Description Date(s) For Mileage Reimbursement list starting and ending destination Mileage Misc. Exp. Per Diemt Total (if applicable) 9.24.13 HOTEL CANCELATION FEE Total Miles **Total Miles** **Total Miles** **Total Miles** **Wileage Rate** Out of State Approval Date by Commissioners' Court Subtracts with reimbursement) **Total Reimbursement** Total Reimbursement** **Total Re | ny expenses reimbursed | by another agency? (State) | Yes V No | Agency: | | | |
| Merchant/Location/Description Por Mileage Reimbursement list starting and ending destination Mileage Misc. Exp. | ny expenses charged on t | he PCARD? | es No If Yes, list | expenditures | | | |
| Merchant/Location/Description Por Mileage Reimbursement list starting and ending destination Mileage Misc. Exp. | Proof of payment mu | st be attached for items prepaid b | v check or on the Procu | rement Card (hotel, airfare, r | ental car. conf. r | registration etc.) | |
| Per Diem Total (if applicable) 9.24.13 HOTEL CANCELATION FEE Total Miles x Mileage Rate | | | | | | - g | |
| 9.24.13 HOTEL CANCELATION FEE Total Miles x Mileage Rate | Date(s) | For Mileage Reimbur | sement list starting and | ending destination | Mileage | Misc. Expenses | |
| Total Miles x Mileage Rate | | Per Diem Total (if applicable) | | | | | |
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| Department Head/ | | | | Nata | Q 24 13 | | |
| | | | | Date | 9.2 | _ 1.10 | |
| <u></u> | | ire | | Date: | | | |