

Name: <u>Jamie Reyna</u>		SSN or Vendor # <u>[REDACTED]</u>		Department: <u>District Attorney</u>	
Funding Source #1:	<u>100480100</u> (Accounting Unit)	<u>63200</u> (Account Number)	<u> </u> (Activity) if applicable		<u> </u> (Reporting Category) if applicable
Funding Source #2: (if applicable)	<u> </u> (Accounting Unit)	<u>63200</u> (Account Number)	<u> </u> (Activity) if applicable		<u> </u> (Reporting Category) if applicable
Purpose of Travel: <u>Training -Juvenile Law Conference</u>			Destination: <u>San Antonio</u>		
Date/Time Departure of FBC <u>2/27/2022</u>			Date/Time Arrival at FBC <u>3/2/2022</u>		
Means of Transportation <input checked="" type="checkbox"/> Personal Vehicle <input type="checkbox"/> County Vehicle <input type="checkbox"/> Airline <input type="checkbox"/> Carpool			Rental Car at Destination <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Hotel Prepaid <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Refund due from Hotel <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Cash Receipt Deposit # <u> </u>	
Any expenses reimbursed by another agency? (State) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			Agency: <u> </u>		
Any expenses charged on the PCARD? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			If Yes, list expenditures <u> </u>		

Proof of payment must be attached for items prepaid by check or on the Procurement Card (hotel, airfare, rental car, conf. registration etc.)

The undersigned hereby certifies that mileage and expenses listed above were incurred on official county business only, and that reimbursement has not been received for any part thereof.

Employee Signature: _____
 Department Head/
 Elected Official Signature _____

Date: 3/8/22
Date: 03/07/23