FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

Name: Jamie Reyr	na SSN or Vendor #	And the same of	Department:	District Att	orney
Funding Source #1:	C0108H001	63200			
o .	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting C	ategory) if applicable
Funding Source #2: (if applicable) 63200					
(Account Number) (Activity) if applicable			(Reporting Category) if applicable		
Purpose of Travel:	Training -Juvenile Law Con	ference	Destination:	San Anto	nio
Date/Time					
Date/Time Departure of FBC 2/27/2022 Arrival at FBC				3/2/2022	
Means of Transportation Hotel Prepaid ☐ Yes ☑ 1	Personal Vehicle County Vehicle Refund due from Hotel		Carpool Rental Car : Cash Receipt Deposit #	at Destination	☐Yes ☑No
Any expenses reimbursed by another agency? (State)					
•		,			
Proof of payment must b	e attached for items prepaid by c			rental car, conf.	registration etc.)
D-4-60		rchant/Location/Des	-	M21	M: F
Date(s)	For Mileage Reimburser	nent list starting and	ending destination	Mileage	Misc. Expenses
02/27/2022-03/02/2022	Per Diem Total (if applicable)				126.00
02/27/22	Justice Center to Sonesta ES Suites San Antonio Northwest			186.00	
02/27/2022-03/02/2022	Hotel - Sonesta ES Suites San Antonio Northwest				328.56
03/02/22	Sonesta ES Suites San Antonio Northwest to Justice Center			186.00	
					
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			Total Miles	272.00	
			x Mileage Rate	<u>372.00</u> 0.585	
Out of State Approval D	Pate by Commissioners' Court		Subtotals	\$217.62	\$454.56
(Attach copy of minutes with reimbursement)			63200	63200	
			Total Reimbursement	\$672.18	- -
The undersigned hereby ce	rtifies that mileage and expenses list	ed above were incurre	d on official county business o	nly and that reiml	= oursement
has not been received for a			_ 11 official country outsiness o	1 /	
Employee Signature:			Date: _	3/8/	$\mathcal{V}\mathcal{V}$
Department Head/ Elected Official Signatur	· PSMV		Date:	03/07/	23