## FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

Name: Gwendolyn Climmons		SSN or Vendor #	SSN or Vendor # xxx-xx-xxxx Department:		Parks	
Funding	Source #1:	100660100	63200			
		(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting Category) if applicable	
Funding Source #2: (if applicable)  Purpose of Travel:			63200	(A (' ') \ 'C   1'   11	(D	S-4
		(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting Category) if applicable	
				Destination:	Austin, Texas	
Date/Tin	ne Departure of FBC	7/21/2023 17:30		Date/Time Arrival at FBC	7/24/2023 20:45	
Means o	of Transportation Perso	nal Vehicle County Vehi	cle  Airline	Carpool Rental Car a	t Destination	☐ Yes ☐ No
		Refund due from Hotel		Cash Receipt Deposit #		
Any exp	penses reimbursed by anothe	er agency? (State)	Yes Vo	Agency:		
Any exp	oenses charged on the PCAR	D?	☐ No If Yes, lis	t expenditures	\$125.1	6
Proof	of payment must be attache	d for items prepaid by cl	heck or on the Procu	rement Card (hotel, airfare,	rental car, con	f. registration etc.)
		Mei	rchant/Location/Des	cription		
-	Date(s)	For Mileage Reimbursen	nent list starting and	l ending destination	Mileage	Misc. Expenses
	Per Die	m Total (if applicable)				
07/14	Hotel L	odging (2 nights) J.W. M	arriott Austin prepaid	l with P-Card		\$125
07/14	Southw Southw	thwest Airlines Houston/Austin round trip paid with unused flight credits				\$239
70						
-					12	
						<u> </u>
					X-1	
		,				
				Total Miles	_	
				x Mileage Rate	0.655	
	at of State Approval Date by C ich copy of minutes with reimburs			Subtotals	\$0.00 63200	\$364.16
(Atta	on copy of finitudes with femilians	oement)		Total Reimbursement	\$364.16	
	undersigned hereby certifies the		isted above were incu	rred on official county busines	s only, and that	reimbursement
Emp	loyee Signature:	0		Date: _	Sept	12, 2023
	artment Head/ ted Official Signature	TIM	1	Date:	9/1	2/23
Liect	ted Official Signature		1		1//	-10