FORT BEND COUNTY
Travel Expense Reimbursement Report/Transmittal

Name: Guadalupe Saldana **SSN or Vendor #** 456-29-7112 **Department:** Bail Bond Board

Funding Source #1: 100460100 (Accounting Unit) 63200 (Account Number) _____ (Activity) if applicable _____ (Reporting Category) if applicable

Funding Source #2: (if applicable) _____ (Accounting Unit) 63200 (Account Number) _____ (Activity) if applicable _____ (Reporting Category) if applicable

Purpose of Travel: Professional Bondsmen of Texas Conference **Destination:** San Antonio, Texas

Date/Time Departure of FBC 10-11-23 12:00 p.m. **Date/Time Arrival at FBC** 10-14-23 5:00 p.m.

Means of Transportation ☑ Personal Vehicle ☐ County Vehicle ☐ Airline ☐ Carpool **Rental Car at Destination** ☐ Yes ☑ No

Hotel Prepaid ☐ Yes ☑ No **Refund due from Hotel** ☐ Yes ☑ No **Cash Receipt Deposit #** _____

Any expenses reimbursed by another agency? (State) ☐ Yes ☐ No **Agency:** _____

Any expenses charged on the PCARD? ☑ Yes ☐ No **If Yes, list expenditures** Hotel, Conference, Registration, Dues

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

Date(s)	Merchant/Location/Description For Mileage Reimbursement list starting and ending destination	Mileage	Misc. Expenses
10/11/23	Per Diem Total (if applicable)		44.25
10/12/23			59.00
10/14/23			44.25
10/04/23	Conference and Membership Dues Paid on Pcard		
10/11/23	Mileage	360.00	
through			
10/14/23			
	Total Miles	360.00	
	x Mileage Rate	0.655	
	Subtotals	$235.80 (63200)	$147.50 (63200)
	Total Reimbursement	**$383.30**	

Out of State Approval Date by Commissioners' Court _____
(Attach copy of minutes with reimbursement)

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: _____ **Date:** 10-18-23

Department Head/ Elected Official Signature Sara Rosas **Date:** 10-18-23