FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

Name: Christine Fra	nce SSN or Vendor#	San	Department:	Law Libi	ary
Funding Source #1:	195585100	63200			
	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting (Category) if applicable
Funding Source #2: (if appl		63200		-	
	(Accounting Unit)	(Account Number)	(Activity) if applicable		Category) if applicable
Purpose of Travel:	Conference		Destination:	Boston, I	MA
Date/Time Departure of FB	C7/15/2023		Date/Time Arrival at	7/18/202	23
Means of Transportation	☐ Personal Vehicle ☐ County Vehi	cle Airline C	arpool Rental Ca	r at Destination	☐ Yes ☑ No
Hotel Prepaid ☑ Yes ☐ N	o Refund due from Hote	I ☐ Yes ☑ No	Cash Receipt Deposit #		
Any expenses reimbursed by	y another agency? (State)	☐ Yes ☑ No	Agency:		
Any expenses charged on th	e PCARD?	□ No If Yes, list	expenditures <u>Ficket, H</u>	otel, Conf. Registra	tion, SWALL Member
Proof of payment must b	e attached for items prepaid by			re, rental car, conf	. registration etc.)
Date(s)	Me For Mileage Reimburse	rchant/Location/Desoment list starting and		Mileage	Misc. Expenses
07/15/23	Per Diem Total (if applicable)				36.00
07/16/23	Per Diem Total				48.00
07/17/23	Per Diem Total			11 11 11 11 11 11 11 11 11 11 11 11 11	48.00
07/18/23	Per Diem Total				36.00
07/15/23	Taxi				40.65
07/18/23	Taxi				30.30
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			Total Miles	-	
			x Mileage Rate	0.655	
	Date by Commissioners' Court		Subtotals	\$0.00	\$238.95
(Attach copy of minutes with	reimbursement)			63200	63200
			Total Reimbursement	\$238.95	_
The undersigned hereby ce has not been received for a	rtifies that mileage and expenses liny part thereof.	sted above were incurre	ed on official county busines	ss only, and that rein	nbursement
Employee Signature:	Christine Franc	e	Date	7/2	0/2023
Department Head/ Elected Official Signatur	· Janie Da	1424	Date	7/24	23
Elected Official Signatur	1		_ Date		1

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TIPS		\$30,30
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MID:	2317	** * * * * * * * * * * * * * * * * * * *
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---COPY--RENAISSANCE CAB CAB # 0454 15925 HACK: CUSTOMER COPY 07/15/23 TR 1385 START END MILES 12:40 13:06 8.4 29,00 FARE: \$ EXTRA: \$
TOLL: \$
SRCH: \$
TIP: \$ 0.00 4,90 0.00 6.75 TIP: TOTAL: \$ 40.65 VISA TYPE: 6718 00223D CARD: AUTH:

TAXI HOTLINE 617-536-TAXI EMAIL: TAXI, BPDD CITYOFBOSTON, GOV

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