

Travel Expense Reimbursement Report/Transmittal

Name: Argie Brame SSN or Vendor # 328807219 Department: 434th Associate Court 555 IJ

Funding Source #1:	<u>100555103</u>	<u>63200</u>	<u></u>	<u></u>
	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting Category) if applicable

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

Purpose of Travel: Advanced Evidence and Discovery **Destination:** 9800 Hyatt Resort Dr., San Antonio, TX

Date/Time Departure of FBC 05/17/23 - 6 p.m. Date/Time Arrival at FBC 05/19/23 - 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

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

[illegible]

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

Total 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: /s/ Argie Brame

Date: 5/25/23

**Department Head/
Elected Official Signature** _____ /s/ Argie Brame

Date: 5/25/23