FORT BEND COUNTY Travel Expense Reimbursement Report/Transmittal

Name: _	Argie Brame	SSN or Vendor#		Department:	434th Associate	Court 555 IJ	
Funding S	ource #1:	100555103	63200	18			
Funding Source #2: (if applicable)		(Account Number)		(Activity) if applicable	(Reporting	(Reporting Category) if applicable	
r unuing 5	ource #2. (if applicable)	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting	Category) if applicable	
Purpose of	Travel: Adv	anced Evidence and Dis	scovery	611 530	0 Hyatt Resort Dr.,	CHARLES CO. OF FOUR CONTROL OF	
				Date/Time		Juli Pintonio, 172	
	Departure of FBC	05/17/23 - 6 p.i		Arrival at FBC	05/19/23 - 5:	00 p.m.	
Means of T	Transportation 🔽 Person	nal Vehicle	de Airline 🗌	Carpool Rental C	Car at Destination	☐ Yes ☑ No	
Hotel Prep	aid 🗹 Yes 🗌 No	Refund due from Hotel	Yes V No	Cash Receipt Deposit	#		
Any expens	ses reimbursed by anothe	r agency? (State)	Yes VNo	Agency:			
Any expens	ses charged on the PCAR	D? Yes	☐ No If Yes, lis	t expenditures	Hotel		
Proof of	payment must be attached	d for items prepaid by ch	eck or on the Procu	rement Card (hotel, air	fare, rental car, con	f registration etc.)	
		Mer	chant/Location/Des	cription	,	a registration etc.)	
		For Mileage Reimbursem	ent list starting and	ending destination	Mileage	Misc. Expenses	
		m Total (if applicable)			_	90.00	
05/17/23	Committee of the commit				193		
05/19/23	05/19/23 Mileage reimbursement for travel from conference to courthouse						
-							
		The state of the s				-	
***		——————————————————————————————————————					
					_		
8						-	
		SALES CONTRACTOR OF THE SALES					
18					· ·		
-							
		· · · · · · · · · · · · · · · · · · ·					
	The state of the s		***************************************			-	
				T-04		·	
		-			_		
				Total Miles			
Out of	State Approval Date by Cor	mmissioners' Court		x Mileage Rate Subtotals		3 400.00	
(Attach co	ppy of minutes with reimburser	ment)		Subtotals	63200	\$90.00	
				Total Reimbursement	\$342.8	3	
The under	rsigned hereby certifies that een received for any part the	mileage and expenses list	ed above were incurr	ed on official county busi	ness only, and that re	imbursement	
	e Signature:	/s/ Argie Brame		Date	. 51	25/23	
Departme		-g.v Dimile	7	Date	2.1	125/23	
	Official Signature	/s/ Argie Bran	ne	Date	:5,	125/23	