

FORT BEND COUNTY
Travel Expense Reimbursement Report/Transmittal

Name: HINA QADRI **SSN or Vendor #** [REDACTED] 856 **Department:** Fort Bend County Judge

Funding Source #1:	100400100	63200		
	(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: NACO CONFERENCE **Destination:** AUSTIN

Date/Time Departure of FBC	20-Jul	Date/Time Arrival at FBC
07:00		07:00
07:15		07:15
07:30		07:30
07:45		07:45
08:00		08:00
08:15		08:15
08:30		08:30
08:45		08:45
09:00		09:00
09:15		09:15
09:30		09:30
09:45		09:45
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18:45		18:45
19:00		19:00
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19:30		19:30
19:45		19:45
20:00		20:00
20:15		20:15
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21:30		21:30
21:45		21:45
22:00		22:00
22:15		22:15
22:30		22:30
22:45		22:45
23:00		23:00
23:15		23:15
23:30		23:30
23:45		23:45
24:00		24:00

Means of Transportation	Personal Vehicle	County Vehicle	Airline	Carpool	Rental Car at Destination	Yes	No
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Hotel Prepaid	Yes	No	Refund due from Hotel	Yes	No	Cash Receipt Deposit #
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Any expenses reimbursed by another agency? (State) Yes No Agency:

Any expenses charged on the PCARD?	Yes	No	If Yes, list expenditures

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
	Per Diem Total (if applicable)		
07/20/23	\$36		\$36.00
07/21/23			\$36.00
07/22/23			\$36
07/23/23			\$36.00
07/24/23			\$36.00
	Total Miles	-	
	x Mileage Rate	0.585	
Out of State Approval Date by Commissioners' Court	Subtotals	\$0.00	\$180.00
(Attach copy of minutes with reimbursement)		63200	63200
	Total Reimbursement	\$180.00	

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:** _____

**Department Head/
Elected Official Signature** _____ **Date:** _____

FORT BEND COUNTY

Mileage Expense Reimbursement Report/Transmittal

Name: HINA QADRI **SSN or Vendor #** [REDACTED] 3856 **Department:** Fort Bend County Judge's Office

Funding Source #1:	100400100	63200		
	(Accounting Unit)	(Account Number)	(Activity) if applicable	(Reporting Category)

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

Use this form for local mileage only. Travel out of the Houston area or local travel with other expenses belongs on the Travel Form

Date(s)	List starting and ending destination and purpose of travel	Mileage
07/04/23	401 Jackson st, Richmond, TX 77469 to 1600 Texas parkway, Missouri city for 4th of July RT	32.00
07/12/23	401 Jackson st, Richmond, TX 77469 to 10330 Hwy US-90, Sugar land, TX 77478 for Community engagement kick off Community engagement kick off RT	22
07/14/23	401 Jackson st, Richmond, TX 77469 to 410 Grand pkwy s, Katy, TX 77494 for grand opening Luminous MediSpa RT	34.00
07/28/23	401 Jackson st, Richmond, TX 77469 to 2811 Hayes rd, Houston, TX 77082 for conference collaborating for quality growth RT	32.00
07/28/23	401 Jackson st, Richmond, TX 77469 to 26706 Southwest fwy, Rosenberg, TX 77471 for TSTC open house RT	7.00
	Total Miles	127.00
	x Mileage Rate	0.585
	Subtotals	\$74.30
		63200
	Total Reimbursement	\$74.30

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: _____

**Department Head/
Elected Official Signature**

Date: _____

Mileage reimbursement request should be submitted no less frequently than quarterly. Mileage reimbursement request for the fourth quarter should be submitted no later than October 30th for yearend processing.

FORT BEND COUNTY	
Instructions for Travel Expense Reimbursement Report	
This form is for reimbursement of travel, training, conference, and meetings expenses for county officials and employees.	
You may complete this form manually or in Excel. Using Excel will provide automatic calculations.	
The fields on this form should be completed as follows:	
Header Section	
Name	Insert the name of the person requesting reimbursement.
SSN/Vendor #	Social security or Lawson vendor number of person requesting reimbursement.
Dept	Department name of person requesting reimbursement
Funding Source #1	Enter Accounting unit and Account Number (object code). Activity and Reporting category are necessary for grants and projects that the accounting unit end in 888 or 999
Funding Source #2	If more than one funding source is necessary for the expense enter here
Purpose of Travel	Please provide brief description of the purpose of the travel. Attach backup details if conference or training such as agenda, minutes, conference registration. If for mileage only then write in mileage reimbursement.
Destination	Please document the location of travel. If local mileage then write local mileage.
Date & Time of Departure	List the date and time you left Fort Bend County
Date & Time of Arrival	List the date and time you arrived back in Fort Bend County
Means of Transportation	How did you travel? Personal Vehicle, County Vehicle, Airline
Rental Car at Destination	Did you rent a car for business at your destination
Hotel Prepaid	Did the County process a payment for the hotel in advance, was the hotel payment on the Procurement Card. A detailed receipt must be attached to your reimbursement.
Refund due from Hotel	Is the County owed any money due to overpayment to the hotel?
Cash Receipt Deposit #	Number from the Treasurer's Office for deposit of refund from Hotel
Any Expenses reimb. by another Agency	Are any expenses paid for by a third party such as the State?
Any Expenses paid by Procurement Card	This includes all packaged travel such as expedia, hotel etc. Remember to attach receipts with proof of payment.
Detail Section	
Date(s)	Date or date range of item.
Merchant / Location / Description	Name of vendor/merchant, and/or purpose/description of item. For mileage only be sure to list starting and ending destination and purpose of travel. Example: From Travis Bldg to Sugar Land Library - Budget Training.
Mileage	Miles driven per trip.
Misc. Expenses	This is for all expenses except mileage
Total Miles	The total miles driven for in county and out of county trips. These fields will calculate automatically if you complete the form in Excel.
Mileage Rate	This rate is set by Commissioners' Court and automatically filled in on the latest form found on the County Wide Web..
Per Diem Total	Enter the total amount for per diem based on the length of time away from Fort Bend County, see rates below.
Per Diem - In State	Meals including gratuities will be reimbursed to the traveler at a flat rate of \$36/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$27/day.
Per Diem - Out of State	Meals including gratuities will be reimbursed to the traveler at a flat rate of \$48/day. The travelers per diem on the departure day and final day of travel will be at 75% of the per diem which is \$36/day.
Subtotals	Each mileage total should be multiplied by the mileage rate. These fields will calculate automatically if you complete the form in Excel.
Total Reimbursement	This is the total of the reimbursement request, this field will automatically calculate if you complete the form in Excel.
Out of State Approval	List the date approved by Commissioners' Court for out of state travel. Remember to attach a copy of the minutes to your reimbursement request.
Total Reimbursement	This is the total of the reimbursement request, this field will automatically calculate if you complete the form in Excel.
Signatures	The employee must sign and date the form along with the Department Head or Elected Official or an authorized representative from your department.