

EMPLOYEE EXPENSE REIMBURSEMENT INSTRUCTIONS
MONTGOMERY COUNTY, TEXAS

Incorrect or incomplete forms will be returned to the department

| HEADER SECTION | |
|----------------|---|
| Name | Employee's legal first and last name as on file with Human Resources (including any hyphenated names, if applicable). |
| Employee ID# | As assigned by Human Resources |
| Department | Employee's assigned department name and department number |
| Funding | <u>COMPLETE</u> distributions, including any Project and Account Categories |

| TRAVEL RELATED EXPENSES SECTION |
|---------------------------------|
|---------------------------------|

Travel related expenses must be submitted within 30 days of the last date of travel.

Local mileage must be submitted monthly, within 15 days of the last date of the month.

| | |
|-------------------------------------|---|
| Travel Dates | First date of travel through the return date |
| Event | Conference/seminar name, department errands, meeting name |
| Destination | City and state of event location |
| Third Party Expenses | Are any expenses being reimbursed to the County from another agency (i.e., State)? |
| Expense Type | Complete all information required for each type of expense, as applicable. Attach backup documentation such as agenda, minutes, name badge or department memo for all conferences, seminars and trainings. |
| Other Expense Types | Any reimbursable travel expense not previously listed (i.e., books or training materials purchased at event, baggage fees, etc.). Appropriate receipts must be attached. |
| Prepaid Expenses | Select YES/NO for all applicable prepaid expenses relating to employee's travel. |
| Prepaid Check or P-Card # | List the check or P-card # used for all prepaid expenses relating to the employee's travel. |
| Per Diem Total - Departure & Return | Travel dates are paid at 75% of the approved per diem rate |
| Per Diem Total - Event | Subsequent travel dates are paid at the approved per diem rate of \$51/day. List total amount due for the appropriate # of days. |
| Personal Vehicle Mileage | Local Mileage: (errands, local county meetings, etc.). Must be documented on the mileage log and attached. Total miles driven must be the lesser of the employee's home to the event, or the employees's office to the event. Local mileage must be submitted within 15 days of the last date of the month. |
| | Out-of-Town Mileage: List the total miles driven. Mileage log is not required. Miles driven in relation to an employee's regular commute may not be reimbursed. Total miles driven must be the lesser of the employee's home to the event, or the employees's office to the event. Online map must be attached. |
| Miles | The combined total miles driven (out-of-town mileage + local mileage) and the total amount due to the employee based on the adopted IRS mileage rate referenced. |
| Total Travel Reimbursement | Total of all travel expenses due to the employee. |

| NON-TRAVEL RELATED EXPENSES SECTION |
|-------------------------------------|
|-------------------------------------|

| | |
|--------------------------------|--|
| Vendor Name | Name of the company/business from which the employee made the purchase |
| Reason for Purchase | Brief explanation and description of the purchase (i.e., "flash drive needed urgently", etc.) |
| Total Purchase Amount | Total amount to reimburse the employee for the item(s) purchased. This amount may include sales tax. |
| Total Non-Travel Reimbursement | Total of all non-travel expenses due to the employee |

| | |
|------------------------------|--|
| Total Reimbursement Approved | Combined total of all travel and non-travel expenses submitted |
| Signatures | The employee must sign and date the form along with the Elected Official or Department Head. |

**EMPLOYEE REIMBURSEMENT REQUISITION
MONTGOMERY COUNTY, TEXAS**

| | | | | | | |
|-------------------|----------------|-------------|-------------|------------|---------------------|-------------|
| NAME | | | | | EMPLOYEE ID# | |
| DEPARTMENT | | | | | | |
| FUNDING | FUND | FUNC | DEPT | DIV | | ACCT |
| | PROJECT | | | | ACCT CAT. | |

TRAVEL RELATED EXPENSES

| | | | |
|---------------------|--|-----------|--------------------|
| TRAVEL DATES | | TO | |
| EVENT | | | DESTINATION |

Will any funds be reimbursed by third party? YES / NO Entity Name:

| EXPENSE TYPE Receipts required for non-per diem expenses | PREPAID? | | PREPAID CHECK OR P-CARD # | ACTUAL EXPENSE DUE TO EMPLOYEE |
|---|-----------------|----|----------------------------------|---------------------------------------|
| REGISTRATION | YES | NO | | |
| AIRFARE | YES | NO | | |
| TAXI, SHUTTLE, SHARE RIDE | | | | |
| CAR RENTAL | YES | NO | | |
| FUEL (COUNTY VEHICLES ONLY) | | | | |
| LODGING | YES | NO | | |
| PARKING | | | | |
| OTHER | | | | |
| OTHER | | | | |
| OTHER | | | | |
| PER DIEM (DEPARTURE) \$38.25 - 75% of full per diem | | | | |
| PER DIEM (EVENT DATES) \$51.00 per day | | | | |
| PER DIEM (RETURN) \$38.25 - 75% of full per diem | | | | |
| PERSONAL VEHICLE MILEAGE: (See Instructions for mileage reimbursement) | | | | |
| MILES: <input type="text"/> @ \$0.62.5 | | | | |
| TOTAL TRAVEL REIMBURSEMENT: | | | | <input type="text"/> |

NON-TRAVEL RELATED EXPENSES

| VENDOR NAME | REASON FOR PURCHASE | TOTAL PURCHASE AMOUNT |
|---|----------------------------|------------------------------|
| | | |
| | | |
| | | |
| TOTAL NON-TRAVEL REIMBURSEMENT : | | <input type="text"/> |

TOTAL REIMBURSEMENT APPROVED:

SIGNING OF THIS FORM CONSTITUTES ACKNOWLEDGEMENT AND AGREEMENT WITH ALL COUNTY POLICIES. ALL EXPENSES LISTED ABOVE WERE INCURRED ON BEHALF OF THE COUNTY DURING THE COURSE OF OFFICIAL COUNTY BUSINESS AND NO OTHER REIMBURSEMENT FOR ANY PORTION HAS BEEN RECEIVED OR IS EXPECTED.

| | |
|---|-------------|
| EMPLOYEE SIGNATURE | DATE |
| DEPARTMENT HEAD / ELECTED OFFICIAL SIGNATURE | DATE |

