



# Travel Request for Reimbursement

## TRINITY COUNTY

Reason for travel: \_\_\_\_\_  
\_\_\_\_\_

Travel date(s): \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

### EXPENSES

All receipts must be attached

Claimant's Personal Auto: @ __. __ per mile	
Airfare:	
Meals:	
Lodging:	
Parking:	
Other:	
Total Expenses	
<b>Total Travel Reimbursement Requested:</b>	

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from any other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

updated 01/14/10

Added Fillable Form Fields 02/09/2023