

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
	YES	NO		
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"/> @ \$0.58.5				
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

