TARRANT COUNTY EMERGENCY SERVICES DISTRICT NO. 1
4900 River Oaks Boulevard, River Oaks, Texas 76114

TRAVEL REIMBURSEMENT REQUEST

Requestor Information:

Member's Name: _____ Title.: _____

Email: _____ Phone: _____

Travel Information:

Conference/Training: _____ Location (City): _____

Dates of Travel: From _____ To _____

Purpose:

_____

_____

Mileage Reimbursement:

Total Business Miles: _____ X $0.725 per mile = Total Reimbursement $_____

Per Diem/Meal Reimbursement:

☐ Full Per Diem ☐ Partial Per Diem ☐ Actual Meal Expenses (receipts required)

Date	Breakfast	Lunch	Dinner	Total
_____	☐	☐	☐	$_____
_____	☐	☐	☐	$_____
_____	☐	☐	☐	$_____
			Total Per Diem:	$_____

Other Expenses:

Lodging Description: _____ $_____

Parking Description: _____ $_____

Tolls Description: _____ $_____

Other Description: _____ $_____

Total Other Expenses: $_____

Total Reimbursement Summary:

Mileage $_____

Per Diem $_____

Other $_____

TOTAL $_____

Reimbursement is subject to District travel policy. Mileage and per diem rates will be reimbursed at the approved rate in effect at the time of travel. Incomplete forms or missing receipts may delay reimbursement.

I certify that the expenses listed above were incurred for official business purposes and comply with District travel policy.

Requestor Signature

Date

Per Diem Rates						
County	Daily Total	Breakfast	Lunch	Dinner	Incidentals	First & Last Day
All	$68.00	$16.00	$19.00	$28.00	$5.00	$51.00