

TO BE COMPLETED IMMEDIATELY
UPON RETURN.

BURNET COUNTY TRAVEL EXPENSE REPORT

NAME OF EMPLOYEE:

DEPT:

PURPOSE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED):

DESTINATION:

DEPARTURE
DATE/TIME:

RETURN
DATE/TIME:

MEALS - Employees or officials traveling outside of the county may be reimbursed meal expenses. A maximum of \$50.00 prorated per diem per day allowed for meals. Breakfast 6:30AM to 7:30AM=\$10.00, Lunch 12:00PM to 1:00PM=\$15.00, Dinner 7:00PM to 8:00PM=\$25.00. Per diem travel - no receipts required. Non Per Diem travel - receipts required.

LODGING - Reimbursement for lodging shall be made, upon presentation of a room receipt, for actual expenses and will be paid upon approval of the Department Head. For official conferences, conventions, seminars and other such official functions, reimbursement will be made at the actual rate charged by the basic hotel or overflow hotel where the meeting is held, upon presentation of room receipt.

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING	DAILY TOTAL
TOTAL MEALS AND LODGING					N/A

TRAVEL AND TRANSPORTATION:

PUBLIC - (ATTACH TICKET RECEIPT)

PERSONAL AUTO 11 MILES @ .565/mi (SHORTEST ROUTE) effective 01/01/13

OTHER TRAVEL AND TRANSPORTATION EXPENSE (EXPLAIN AND ATTACH RECEIPT(S))

TOTAL TRAVEL & TRANSPORTATION

OTHER EXPENSES:

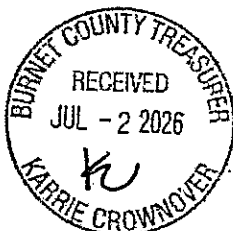
CONFERENCE REGISTRATION FEES (ATTACH RECEIPT & COPY OF PROGRAM)

OTHER EXPENSE (EXPLAIN AND ATTACH RECEIPTS)

TOTAL OTHER EXPENSES

TOTAL MEALS/LODGING-TRAVEL-OTHER EXPENSES
LESS: TOTAL ADVANCE ON EXPENSES
LESS: TOTAL EXPENSES PAID WITH CO CREDIT CARD
REQUEST FOR REIMBURSEMENT OR DUE TO COUNTY

I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR OUT-OF-COUNTY TRAVEL. I HAVE EXAMINED THE REQUESTS FOR REIMBURSEMENT ON THE TRAVEL EXPENSE FORM AND APPROVE THE SAME FOR PAYMENT.



SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

P.O. # nla
Acct. # 100-4800-427
Audit js
Input _____

BURNET COUNTY REQUEST FOR TRAVEL EXPENSE

NAME OF EMPLOYEE SUBMITTING REQUEST:

Marcella Morris

DEPT:

Public Defender

PURPOSE/DATE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED)

2026 TCDLA Rusty Duncan
Conference

NOTE: IN ORDER TO RECEIVE AN ADVANCE ON TRAVEL EXPENSES, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY TREASURER AT LEAST THREE DAYS PRIOR TO DATE OF DEPARTURE. UPON RETURN TRAVEL EXPENSE REPORT MUST BE COMPLETED WITH RECEIPTS ATTACHED AND SUBMITTED TO THE COUNTY TREASURER ALONG WITH ANY REFUND DUE THE COUNTY. APPROVED CC 10/8/24

A MAXIMUM OF \$63.00 PRORATED PER DIEM PER DAY ALLOWED FOR MEALS (EFFECTIVE 10/8/24).

BREAKFAST 6:30AM-7:30AM=\$16.00, LUNCH 12:00PM-1:00PM=\$19.00, DINNER 7:00PM-8:00PM=\$28.00

I AM REQUESTING MEAL PER DIEM _____ (NO MEAL RECEIPTS REQUIRED) ONLY

I AM NOT REQUESTING MEAL PER DIEM _____ (MEAL RECEIPTS REQUIRED)

ESTIMATED MEALS AND LODGING:

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING SEC 14.03 PERSONNEL POLICIES	DAILY TOTAL
*Do NOT include lunch or dinner meals provided by conference and/or sponsor					
6/17/2026	Flight	Legency Hotel	---	244.14	244.14
6/18/2026	"	"	---	244.14	244.14
6/19/2026	"	"	---	244.14	244.14
TOTAL ESTIMATED MEALS AND LODGING					\$ 732.42

ESTIMATED TRAVEL & TRANSPORTATION:

PUBLIC TRANSPORTATION: _____ \$ _____

PERSONAL AUTO _____ MILES @ .70 cents per mile (SHORTEST ROUTE) effective 01/01/25 \$ _____

TOTAL ESTIMATED TRAVEL & TRANSPORTATION

\$ _____

ESTIMATED OTHER EXPENSES:

CONFERENCE REGISTRATION EXPENSE (ATTACH INFORMATION): _____ \$ _____

OTHER EXPENSE (EXPLAIN IN DETAIL): _____ \$ _____

TOTAL ESTIMATED OTHER EXPENSES

\$ 0

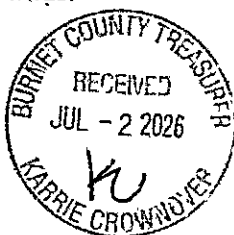
TOTAL TRAVEL EXPENSE

REQUESTED

\$ 732.42

THE ABOVE NAMED EMPLOYEE IS HEREBY AUTHORIZED TO SUBMIT THIS TRAVEL EXPENSE PURPOSES STATED.

FORM FOR THE



SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

Michelle Morris

PO #	<u>n/a</u>
Acct. #	<u>100-4800-4270</u>
Audit	<u>go</u>
Input	

P.O. # n/a
Acct. # 100-4800-4270-1123.67
Audit 100-4800-3100-30.60

BURNET COUNTY REQUEST FOR TRAVEL EXPENSE

North Hill Country
Public Defender's
Office

NAME OF EMPLOYEE SUBMITTING REQUEST: Carisa Brawley

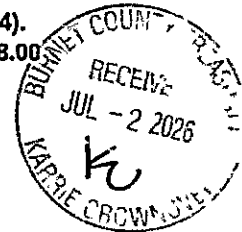
DEPT: Office

PURPOSE/DATE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED) 2026 TCOLA Spring conference "Rusty Duncan"

NOTE: IN ORDER TO RECEIVE AN ADVANCE ON TRAVEL EXPENSES, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY TREASURER AT LEAST THREE DAYS PRIOR TO DATE OF DEPARTURE. UPON RETURN TRAVEL EXPENSE REPORT MUST BE COMPLETED WITH RECEIPTS ATTACHED AND SUBMITTED TO THE COUNTY TREASURER ALONG WITH ANY REFUND DUE THE COUNTY.
APPROVED CC 10/8/24

A MAXIMUM OF \$63.00 PRORATED PER DIEM PER DAY ALLOWED FOR MEALS (EFFECTIVE 10/8/24).

BREAKFAST 6:30AM-7:30AM=\$16.00, LUNCH 12:00PM-1:00PM=\$19.00, DINNER 7:00PM-8:00PM=\$28.00



I AM REQUESTING MEAL PER DIEM _____ (NO MEAL RECEIPTS REQUIRED) ONLY

I AM NOT REQUESTING MEAL PER DIEM ☒ (MEAL RECEIPTS REQUIRED)

ESTIMATED MEALS AND LODGING:

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING SEC 14.03 PERSONNEL POLICIES	DAILY TOTAL
*Do NOT include lunch or dinner meals provided by conference and/or sponsor					
06/16/2026	X	X	X	\$183.67	\$183.67
06/17/2026	\$14.88	\$15.67	\$28.00		\$242.22
06/18/2026	X	\$19.00	\$27.87		\$230.54
06/19/2026	\$16.00	\$19.00	\$17.59		\$236.26
-	-	-	-	-	-

TOTAL ESTIMATED MEALS AND LODGING

\$ 892.69

ESTIMATED TRAVEL & TRANSPORTATION:

PUBLIC TRANSPORTATION: X

\$ X

PERSONAL AUTO 218 MILES @ .70 cents per mile (SHORTEST ROUTE) effective 01/01/25
(109 x 2) 725

\$ 152.60

158.05

TOTAL ESTIMATED TRAVEL & TRANSPORTATION

\$ 152.60

ESTIMATED OTHER EXPENSES:

CONFERENCE REGISTRATION EXPENSE (ATTACH INFORMATION):

\$ X

OTHER EXPENSE (EXPLAIN IN DETAIL): conference materials/
books (72.96) award ceremony, where
co-worker winning award (30.60)

\$ 106.56

TOTAL ESTIMATED OTHER EXPENSES

\$ 106.56

TOTAL TRAVEL EXPENSE ADVANCE REQUESTED

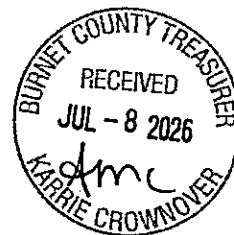
\$ 1,151.85

THE ABOVE NAMED EMPLOYEE IS HEREBY AUTHORIZED TO SUBMIT THIS TRAVEL EXPENSE ADVANCE FORM FOR THE PURPOSES STATED.

1154.27

SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

Please
take out of supplies - BOOKS
\$ 30.60



TO: BURNET COUNTY
FROM: Sean Rogers
Employee
Dept.: Public Defenders
DATE: 7/7/26

PLEASE REIMBURSE TO ME \$ 79.00 FOR ITEMS PURCHASED BY
ME FOR COUNTY USE.

ITEMS PURCHASED INCLUDE:

TX State CLE Bundle (online CLE course)

(SEE ATTACHED RECEIPTS)

THANK YOU,

Michelle Moore
DEPARTMENT HEAD

P.O. #	<u>n/a</u>
Acct. #	<u>100-4800-4270</u>
Audit	<u>ja</u>
Input	