



**HIDALGO COUNTY, TEXAS
NON-TRAVEL MEALS, REFRESHMENTS,
AND RELATED EXPENSE CLAIM**

DEPARTMENT INFORMATION

Department: _____
 Department Contact Name: _____
 Contact Phone Number: _____

EVENT INFORMATION

Date: _____ Start Time: _____ End Time: _____
 Duration: 0:00 Location: _____

Purpose of Event:
 Meeting Training Other: _____
(Please explain.)

Attendees: *(Please attach sign-in sheet)*
 County Employees _____ + Non-County Employees _____ = Total 0

Meals: *(Meals may not exceed \$10.00 per person including taxes and gratuity or \$250.00 per event.)*
 Breakfast _____ + Lunch _____ + Dinner _____ = Total 0
 Refreshments: _____ *(Refreshments may not exceed \$3.00 per person or \$125.00 per event.)*
 Related Expenses: _____ *(Related expenses may not exceed \$25.00 per event.)*

	ACTUAL	ALLOWABLE
Meals Expense:	\$ -	\$ -
Refreshments Expense:	\$ -	\$ -
Related Expenses:	\$ -	\$ -
Total Event Expenses:	\$ -	\$ -

(Please attach original receipts.)

FUNDING

Purchase Order Number: _____ Account Number: _____

APPROVAL

I, the undersigned, certify to the best of my knowledge, that the expenditures incurred were for official County business, have been expressly authorized by the Purchasing Department, and are in compliance with the Policy on Non-Travel Meals, Refreshments, and Related Expenses.

 Name of Approving County Official/Department Head
 (Please Print)

 Signature of Approving County Official/Department Head

 Date