



TRAVIS COUNTY EMERGENCY SERVICES DISTRICT 5

Manchaca Fire Rescue

Expense Reimbursement Form



Receipts/Proof of purchase must be provided and attached to this form. TCESD5 is a tax-exempt entity and does not reimburse for sales tax.

Name:	Submittal Date:	Total Amount:
-------	-----------------	---------------

Personal Purchase Reimbursement:

Item #	Date	Vendor	Description	Category	Cost
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Mileage Reimbursement:

Date	Start Location	Destination	Purpose	Distance

Mileage reimbursement is paid at a rate of \$.56 per mile for approved travel on department business in personal vehicles.

Total Miles:	
Miles x .56:	

OFFICE USE			
Date	Check #	Total Amount	Initials