For Office Use Only

Galveston County Expense Report

PURPOSE: _____ **Destination:** _____ **Travel Dates** From _____ To _____

EMPLOYEE INFORMATION:

Name _____ Position _____ Fund Cost Center _____

Department _____ Manager _____ Employee ID _____

Date	Object Code	Description	Hotel	Transport	Fuel	Meals	Phone	Conference	Misc.	Total
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
										$ -
			$ -	$ -	$ -	$ -	$ -	$ -	$ -	
									Subtotal	$ -
									Paid by County	
									Advances	
									Total	$ -

APPROVED: _____

NOTES: _____