



General Request for Reimbursement

TRINITY COUNTY

Reason for
Reimbursement:

Date(s):

Name: _____

Title: _____

Department: _____

EXPENSES

All receipts must be attached

Description	Amount

I certify that:

1. The expenses listed were incurred personally by me for the purpose stated;
2. I have not been reimburse from *any* other source for any of the expenses listed; and
3. This request is correct to the best of my knowledge.

Signature _____ Date _____

