

**De Witt County
Supplies Reimbursement Report**

EMPLOYEE NAME & DEPT: _____

DATE OF PURCHASE	ITEM PURCHASED	AMOUNT

****ORIGINAL RECEIPT IS REQUIRED FOR REIMBURSEMENT***

REASON FOR PURCHASE (Complete in Detail)

TOTAL OF ALL PURCHASES _____

CERTIFICATION BY EMPLOYEE

"I CERTIFY THAT THE EXPENSES AS SHOWN ON THIS FORM ARE TRUE AND CORRECT STATEMENTS OF EXPENSES INCURRED BY ME WHILE PERFORMING OFFICIAL COUNTY BUSINESS."

Signature of Person Submitting Report

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD

"I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR PURCHASES. I HAVE EXAMINED THE EXPENSES AND APPROVE THIS REPORT FOR APPROPRIATE ACTION BY THE AUDITOR AND TREASURER OF DE WITT COUNTY, TEXAS."

Signature of Official or Department Head