



WEBB COUNTY, TEXAS NON-TRAVEL MEALS, REFRESHMENTS, AND RELATED EXPENSE CLAIM FORM

To be submitted with Request and original receipts
1 event form can be used for all purchases for that event

DEPARTMENT INFORMATION

Department: _____

Department Contact Name: _____

EVENT INFORMATION

Date: _____ Start Time: _____ End Time: _____

Event Public Purpose (Return Benefit): _____

Location: _____

Type of Event

Meeting Training Health & Safety Fair Other: _____
(Please explain)

Attendees

County Employees _____ + Non-County Employees _____ = Total _____

Documentation Requirements

Itemized Invoice or Receipt Event Sign-In Sheet Event Flyer or Agenda

Estimated expense for meals, refreshments, and related items

Vendor Name	Estimated Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

FUNDING

G/L 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