

STARR COUNTY AUDITOR'S OFFICE REIMBURSEMENT CLAIM FORM

CLAIMANT
LEGAL NAME: _____
ADDRESS: _____

VENDOR NO: _____
REQUEST DATE: _____

DATE	PURPOSE OF CLAIM	AMOUNTS
	TOTAL \$	

THE STATE OF TEXAS §
COUNTY OF STARR §

_____, being first duly sworn, disposes as follows: I am the claimant in the foregoing claim and this said claim is true and correct.

X _____

Subscribed and sworn to before me by the said _____ on this the _____ day of _____ of _____ to certify which witness my hand and seal of office.

Notary Public

Starr County, Texas

MUST BE FILLED IN BY DEPARTMENT HEAD	
FUND NAME:	_____
DEPARTMENT:	_____
LINE-ITEM:	_____
AMOUNT:	_____

MUST BE APPROVED BY THE FOLLOWING:

DEPARTMENT HEAD

COUNTY JUDGE

COUNTY AUDITOR