

ACCOUNT AGAINST COUNTY, Houston County, Alabama EXPENSE REPORT

Date: _____ Department: _____

Name: _____

DATE	PURPOSE	MILEAGE	ROOM	MEALS	TRANSPORTATION	OTHER	TOTAL
TOTALS							

Accounting Use Only: Account Number:	Amount:	Cash Advanced	
		Net Amount to Claimant	
		Net Amount Owed County	

I hereby certify that the foregoing account is just, correct and true, and that no part of said account has been paid.

_____ Claimant