



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

*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: _____

Location: _____

Purpose of Event:
____ Meeting ____ Training ____ Other: _____
(Please explain.)

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

Estimated expense for meals, refreshments, and related items

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

FUNDING

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