

Waller County Check Request/Reimbursement Form

Employee submitting request:

McKenzie Kelley

Department:

County Judge

Total Amount Due:

\$84.99

Please make check payable to:

NOV18'25@9:57TREASURER

Name: McKenzie Kelley

Address: _____

028835

Please mail check to:

Registration # 028835
Joan Sargent Waller Co. Treasurer
Deputy JS Date 11-18-00

Name: will pick up

Address: _____

Purpose of check: Cake for Courtroom Ribbon Cutting

NOV18'25@9:54AUDITOR

Charge to GL line: 606-606-581839


Signature of Person Submitting Request

11/12/25

Date


Signature of Official/Department Head Submitting Request

11/13/25

Date