

**Waller County Check Request/Reimbursement Form**

Employee submitting request: McKenzie Kelley

Department: County Judge

Total Amount Due: \$84.99

Please make check payable to:

NOV13'25AM3:57TREASURER

Name: McKenzie Kelley

Address: \_\_\_\_\_

Please mail check to:

028835  
Registration #  
Joan Sargent Waller Co. Treasurer  
Deputy JB Date 11-18-25

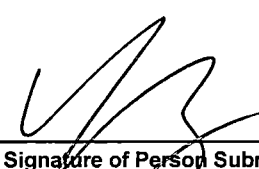
Name: will pick up

Address: \_\_\_\_\_


Purpose of check: Cake for Courtroom Ribbon Cutting

Charge to GL line: 606-606-581839

NOV18'25AM9:54AUDITOR

  
Signature of Person Submitting Request

11/12/25  
Date

  
Signature of Official/Department Head Submitting Request

11/13/25  
Date