

Waller County Check Request/Reimbursement Form

Employee submitting request: McKenzie Kelley

Department: County Judge

Total Amount Due: \$81.50

Please make check payable to:

NOV10'25PM3:08TREASURER

Name: McKenzie Kelley

Address: _____

Please mail check to:

Name: Will pick up

Address: _____

Registration # 028830
Joan Sargent Waller Co. Treasurer
Deputy JG Date 11-16-25

Purpose of check: Reimbursement for Grand Opening Platters and Tablecloths

Charge to GL line: 606-606-581839

NOV18'25AM9:53AUDITOR

Signature of Person Submitting Request

Date

Signature of Official/Department Head Submitting Request

Date

11/10/25

11/10/25