

Waller County Check Request/Reimbursement Form

Employee submitting request: McKenzie Kelley

Department: County Judge

Total Amount Due: \$81.50

Please make check payable to:

NOV 10 '25 PM 3:08 TREASURER

Name: McKenzie Kelley

Address: _____

Please mail check to:

Name: Will pick up

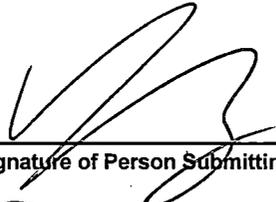
Registration # 028830
Joan Sargent Waller Co. Treasurer
Deputy JG Date 11-16-25

Address: _____

Purpose of check: Reimbursement for Grand Opening Platters and Tablecloths

Charge to GL line: 606-606-581839

NOV 18 '25 AM 9:53 AUDITOR



Signature of Person Submitting Request

11/10/25
Date



Signature of Official/Department Head Submitting Request

11/10/25
Date