

Waller County Check Request/Reimbursement Form

Employee submitting request:

Trey Duhon III

Department:

County Judge

Total Amount Due:

\$600.36

NOV10/25/03 TREASURER

Please make check payable to:

Name: Trey Duhon III

Address:

028829

Please mail check to:

Registration #

Joan Sargent Waller Co. Treasurer

Deputy JG Date 11-17-05

Name: Will pick up

Address:

Purpose of check: Reimbursement for Grand Opening Food

Charge to GL line:

606-606-581839

NOV10/25/03 AUDITOR

Signature of Person Submitting Request

Date

Signature of Official/Department Head Submitting Request

Date

Waller County Check Request/Reimbursement Form

Employee submitting request: Trey Duhon III

Department: County Judge's Office

Total Amount Due: \$215.00

Please make check payable to: NOV10/25PM3:08TREASURER

Name: Trey Duhon III

Address: _____

Please mail check to:

Registration # 028828
Joan Sargent Waller Co. Treasurer
Deputy S6 Date 11-17-20

Name: Will pick up

Address: _____

Purpose of check: Flowers for grand opening

NOV18/25AM9:53AUDITOR

Charge to GL line: 606-606-581839

Signature of Person Submitting Request

11/10/25

Date

Signature of Official/Department Head Submitting Request

11/10/25

Date