

Waller County Check Request/Reimbursement Form

Employee submitting request: Trey Duhon III

Department: County Judge

Total Amount Due: \$600.36

NOV 10 '25 PM 3:08 TREASURER

Please make check payable to:

Name: Trey Duhon III

Address: _____

Please mail check to:

Name: Will pick up

Address: _____

Registration # 028829
Joan Sargent Waller Co. Treasurer
Deputy 36 Date 11-17-25

Purpose of check: Reimbursement for Grand Opening Food

Charge to GL line: 606-606-581839

NOV 18 '25 PM 9:53 AUDITOR

Signature of Person Submitting Request

Date

Signature of Official/Department Head Submitting Request

Date

11/10/25

11/10/25

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: NOV 10/25 PM 3:03 TREASURER

Name: Trey Duhon III

Address: _____

Please mail check to:

Name: Will pick up

Address: _____

Registration # 028828
Joan Sargent Waller Co. Treasurer
Deputy SG Date 11-17-25

Purpose of check: Flowers for grand opening

_____ NOV 18/25 AM 9:53 AUDITOR

Charge to GL line: 606-606-581839

Signature of Person Submitting Request

Date

Signature of Official/Department Head Submitting Request

Date

11/10/25

11/10/25