

AGENDA PLACEMENT FORM

(Submission Deadline - Monday, 5:00 PM before Regular Court Meetings)

Date:	January 15, 2025	Court Decision: This section to be completed by County Judge's Office			
Meeting Date: January 27, 2025 Submitted By: Rexann Knowles		nson Cor			
		(33) (32)			
	County Judge	(*(APPROVED)*)			
Signature of Elected Official/Department Head:		Sammissioner- GE			
		1-27-2025			
Description		C T 337 11 ' 41 A			
		nent for Larry Woolley in the Amount			
	to be Paid from Non-Department				
Representative and State Agriculture Commissioner on Biosolids Issue in					
Stephenville, Tx. Travel Approved CC 11/25/24					
	(May attach additiona	l sheets if necessary)			
Person to P	resent: Rexann Knowles	, , , , , , , , , , , , , , , , , , ,			
		lless the item is on the Consent Agenda)			
Supporting Documentation: (check one) ✓ PUBLIC CONFIDENTIAL					
(PUBLIC documentation may be made available to the public prior to the Meeting)					
•	ength of Presentation: 1 min				
		1003			
	uested: (check one)	_			
LJ A	Action Item 🗹 Consent 🗀 Worksho	op Executive Other			
Check All D	epartments That Have Been Notifie	d:			
	County Attorney	✓ Purchasing ✓ Auditor			
	☐ Personnel ☐ Public Wo	orks			
Other Depart	ment/Official (list)				

Please List All External Persons Who Need a Copy of Signed Documents In Your Submission Email

JOHNSON COUNTY TRAVEL REIMBURSEMENT FORM

*This form is to be used <u>only</u> to request <u>reimbursement</u> of expenses paid by traveler's <u>personal</u> cash or credit card. Completed & signed by traveler <u>after</u> return from travel.

RECEIPT AGAINST APPROVED PURCHASE ORDER

PLEASE TYPE OR PRINT THE FOLLOWING:

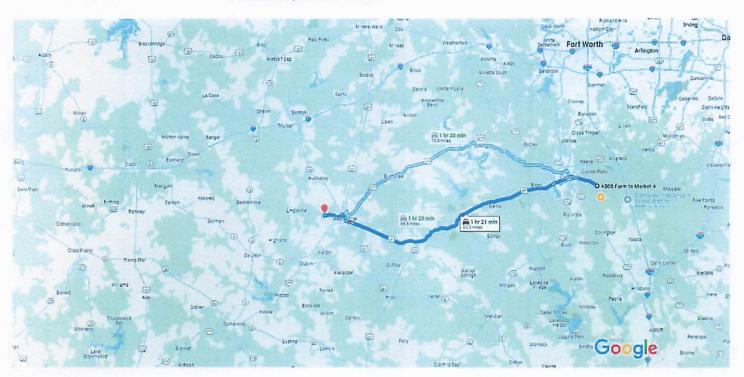
TODAY'S DATE: 8-Jan-25					
TRAVELER'S NAME : Larry We	oolley				
PURPOSE OF TRIP: Meeting	with State Representative and State Agriculture	Commissioner on Biosolic	ls Issue		
DESTINATION CITY : Stepheny	ville, TX				
DEPARTURE DATE: 3-Jan-25	RETU	RN DATE :	3-Jan-25		
TR	AVEL COSTS	AMOUNT	Auditor Use Only		
AIR FARE	\$	\$			
AUTO RENTAL		\$	S		
MILEAGE	MILES (AS OF 01/01/25) 130 X \$0.700 PER MILE **	\$ 91.00	\$		
MEALS (ACTUAL)	NOTE: If there is no overnight stay	y, meals are reimbursed th	rough payroll!		
FULL DAY	# OF DAYS (AS OF 10/01/24) X \$63 PER DAY	s -	s		
FIRST/LAST DAY	# OF DAYS X \$47.25 PER DAY	\$ -	s		
SAME-DAY (SUBMIT TO PERSONNEL)	# OF DAYS X \$31.50 PER DAY	s -	s		
HOTEL/MOTEL		\$	\$		
SEMINAR/TRAINING REGISTRA		\$	\$		
MISCELLANEOUS (Taxi, parking	g, etc.)	\$	\$		
TEST INVOLVER AND INVESTIGATION		T.	1.		
LESS AMOUNTS ADVANCED (IF		\$.	S		
TOTAL AMOUNT REQUESTE	D FOR REIMBURSEMENT	\$ 91.00) \$		
I have reviewed the County's Travel Policy, and I understand reimbursement will only be made for audited expenses that fall within the limits of county policy and I have attached all appropriate receipts. **Calculated from your place of work address to your destination address. DATE: 8-Jan-25					
	DA	and approve the same for	payment."		
REQUIRED					
	0100 - 5100 - 54100	- GG			
	FUND DEPT OBJECT	_			

ACCOUNT #



4300 FM 4, Cleburne, TX 76031 to Co Rd 567, Texas 76401

Drive 65.3 miles, 1 hr 21 min



Map data @2025 Google 5 mi

via US-67 S Best route	1 hr 21 min 65.3 miles
via E FM 4 and US-67 S	1 hr 20 min 65.5 miles
via US-377 S	1 hr 35 min 70.9 miles

Explore Co Rd 567

