1ST JUDICIAL DISTRICT ATTORNEY'S OFFICE

TRAVEL VOUCHER

BY 48353

Date submitted: 9-23-26

Employee name: Terry Master

Name and Location of Out of Town Training/School Event:

MVCPA - Motor Vehicle Crime Prevention Authority
1001 E McCarty Lane, San Marcos, TX 78666

Training/School Start Date: 10-12-26

Training/School End Date: 10-14-26

Mileage to and from Training/School: 564 miles

Total Meals Per Diem Days 3 X $55 = 165.00
60 / 180.00

03545
9-25-24
10-669-52190 = 366.60
10-669-52190 = 165.0
531.60

Employee Signature: Terry Master

District Attorney Signature:

PAID BY 48245

San Augustine County Travel per Diem Meal Voucher

Date Submitted: _____

Employee Name: Jeanette Bryan

Name and Location of Out of Town Training / School Event:

Texas District Court Alliance
Clerks College, Kerrville, Tx

Training / School Start Date: Oct. 19, 2026

Training / School End Date: Oct. 22, 2026

Total per Diem Days 4 X $60 = $ 240.00

Employee Signature Jeanette Bryan

Supervisor Signature* _____

00783
10-1-26
10-450-52190
240.00

*Supervisor signature is NOT required for Elected Official or Department Head

Please submit per diem meal vouchers to County Treasurer's Office **at least two weeks prior to the date of departure.**

All vouchers will be submitted to Commissioners Court for approval. Per Diem meal checks must be picked up at the County Treasurer's officer prior to the date of travel.

NOTE:
County credit cards should not be used for meals except in cases of a travel emergency.

(Note – charges made to county credit card for full day travel per diem meals must be reimbursed by the employee, or deducted from the employee's trip voucher.)

Judge Signature: _____

Per Diem approved in Commissioners Court on: _____

BY SAD 48260

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 10-1-26

Employee Name: Walter Shofner

Name and Location of Out of Town Training / School Event:

Continuing Education for Constables

Huntsville, Tx.

Training / School Start Date: 11-2-26

Training / School End Date: 11-6-26

Total per Diem Days 5 X $60 = $ 300.00

Employee Signature Walter Shofner

Supervisor Signature* _____

DATE 10-1-26 032634
ENTERED 10-1-26
CK# 032634
ACCOUNT 10-455-52190
AMOUNT 300.00

*Supervisor signature is NOT required for Elected Official or Department Head

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Judge Signature: _____

Per Diem approved in Commissioners Court on: _____