

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 7-18-25

Employee Name: WALTER SHOENER

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

TRAUMA INFORMED SEXUAL ASSAULT INVESTIGATIONS # 4070
3805 NW STALLINGS DR. NACOGDOCHES, TX. 75964

Training / School Start Date: 7-15-25

Training / School End Date: 7-16-25

Total per Diem Days 2 x \$50 = \$100.00

Employee Signature: Walter Shoener

Supervisor Signature* _____

*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 office 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: _____

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 07/17/2025

Employee Name: David Haley

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

Crimes Against Children Conference, Dallas, TX.

Training / School Start Date: 08/03/2025

Training / School End Date: 08/07/2025

Total per Diem Days 5 X \$60 = \$ 300.00

VENDOR	03734
RECEIVED	7/18/25
POS	
CODE	1150052190
AMOUNT	\$300

Employee Signature _____

Supervisor Signature* Robert P. Cartwright

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

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Per Diem approved in Commissioners Court on: _____

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 07/07/2025

Employee Name: Makenzie Banks

Name and Location of Out of Town Training / School Event: Learn Today Lead Tomorrow

Training / School Start Date: Set Up – July 11th 2025

Training / School End Date: Event Date – July 12th

Total per Diem Days 2 X \$60 = \$120

Employee Signature: *Makenzie Banks*

Supervisor Signature* _____

RECEIVED	03560
FOR	7/7/25
CODE	104667521910
AMOUNT	\$120

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

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Judge Signature: _____



Per Diem approved in Commissioners Court on: _____