

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 08/17/2026

Employee Name: MELINDA WILLIS

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

JAIL MANAGEMENT ISSUES CONFERENCE, GALVESTON, TX

Training / School Start Date: 08/30/2026

Training / School End Date: 09/04/2026

Total per Diem Days 5 X \$60 = \$ 300

Employee Signature _____

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: _____

VENDOR 03538
RECEIVED 8-18-26
FOR
11-570-52190
300.00

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 07/13/2026

Employee Name: TAMMY FOUNTAIN

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

2026 TJM CONFERENCE. GALVESTON TEXAS

Training / School Start Date: 08/30/26

Training / School End Date: 09/04/26

Total per Diem Days 5 X \$60 = \$ 300

Employee Signature

Supervisor Signature*

VENDOR	<u>01530</u>
RECEIVED	<u>7-14-26</u>
FOR	
CODE	<u>11-560-52190</u>
AMOUNT	<u>300.00</u>

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

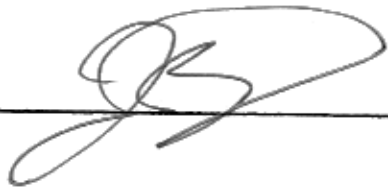
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Judge Signature: 

Per Diem approved in Commissioners Court on: _____

PAID
BY 47955

San Augustine County Travel per Diem Meal Voucher

Date Submitted: 07/13/2026

Employee Name: KEVIN SAGE

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

2026 TJM CONFERENCE. GALVESTON TEXAS

Training / School Start Date: 08/30/26

Training / School End Date: 09/04/26

Total per Diem Days 5 X \$60 = \$ 300

Employee Signature

Supervisor Signature

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

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Judge Signature: _____

Per Diem approved in Commissioners Court on: _____

03770
8-19-26
11-570-52190
300.00