

**Conference / Training Travel Expense Claim Form**

**Karnes County, Texas**

<b>Claimant's Name:</b>	<b>Date Submitted:</b>	<b>Department:</b>
<b>Name of Conference / Meeting:</b>	<b>Destination:</b>	<b>Dates of Conference / Meeting:</b>

<p><b>1 Meals</b></p> <p>A. Per diem Requested for <b>Overnight</b> Travel (May be paid before Travel)</p> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; text-align: right;">\$</td> <td style="width:10%; text-align: center;">-</td> <td style="width:10%; text-align: center;">\$44 x 2 - First and last day of travel</td> <td style="width:10%;"></td> <td style="width:10%;"></td> <td style="width:10%;"></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: center;">-</td> <td style="text-align: center;">\$59 - Per full day out of county travel</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">\$</td> <td style="text-align: center;">-</td> <td style="text-align: center;">Total</td> <td></td> <td></td> <td></td> </tr> </table>	\$	-	\$44 x 2 - First and last day of travel				\$	-	\$59 - Per full day out of county travel				\$	-	Total				<p style="text-align: center;"><b>TURN IN HOTEL RECEIPT</b></p> <p>In order to maintain our "accountable" travel plan under IRS regulations (which means the meals are not taxable to you), if you are issued a hotel check, you must turn in a paid hotel receipt when you return from travel; it must be included with the request for reimbursement.</p>
\$	-	\$44 x 2 - First and last day of travel																	
\$	-	\$59 - Per full day out of county travel																	
\$	-	Total																	

I am aware that meals will be provided; however I request the full per diem. (Department head initial required)

B. Standard <b>Non-Overnight</b> Travel		
<b>Departure Date &amp; Time:</b>	<b>Return Date &amp; Time:</b>	<b>Amount \$30 per day:</b>
		\$ -
		\$ -
		\$ -
<b>TOTAL MEALS</b>		<b>\$ -</b>

<b>2 Transportation</b>	<b>MILEAGE WILL NOT BE PAID IN ADVANCE</b>	
Mileage - Justification on second page of this form must be completed and include a map.	\$	-
Other (Airplane, county vehicle expense, taxi, parking...) See policy for receipt information	\$	-
_____		
<b>TOTAL TRANSPORTATION</b>		<b>\$ -</b>

<b>3 Hotel</b>	Hotel				
	_____				
	_____				
<b>TOTAL HOTEL</b>					<b>\$ -</b>

<b>4 Other Expenses</b>	Other Expenses [Please add explanation below and attach receipts (e.g. registration costs)]				
	_____				
	_____				
<b>TOTAL OTHER</b>					<b>\$ -</b>

<b>AMOUNT TO BE REIMBURSED</b>	<b>TOTAL OF ITEMS 1 - 4</b>	<b>\$ -</b>
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Copy of registration with agenda must be attached. Also, attach other invoices / receipts as necessary.

<p>I certify that this claim is true and all expenses were incurred on approved county business.</p>	<p>Reviewed and Approved by Elected Official / Department Head.</p> <p><b>G / L Account No.:</b> _____</p>
<b>Claimant's Signature</b>	<b>Department Head Signature</b>
	<b>Date</b>

<b>2 Transportation, continued</b>		
Date & From: (ex. LBJ School, Austin)	To: (ex. Omni Hotel, Austin)	Mileage: (ex. 4.5 miles)
<b>TOTAL</b>		_____ -
Current rate can be found at <a href="https://fmx.cpa.state.tx.us/fm/travel/travelrates.php">https://fmx.cpa.state.tx.us/fm/travel/travelrates.php</a>		
<b>Transfer this amount to Section 2 of Page 1</b>		_____