

# STARR COUNTY AUDITOR'S OFFICE TRAVEL ADVANCE FORM

CLAIMANT  
LEGAL NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

VENDOR NO: \_\_\_\_\_  
REQUEST DATE: \_\_\_\_\_

PROOF	PURPOSE OF CLAIM	AMOUNTS
<input type="checkbox"/>	Conference Name: _____	\$ _____
<input type="checkbox"/>	Travel Dates: ____ / ____ / ____ to ____ / ____ / ____	
	Hotel: ____ days, ____ nights @ \$110.00 per night . . . . .	\$ _____
	Meals:	
	Breakfast      \$16.00 x _____ . . . . .	\$ _____
	Lunch           \$19.00 x _____ . . . . .	\$ _____
	Dinner          \$28.00 x _____ . . . . .	\$ _____
	Incidentals     \$ 5.00 x _____ . . . . .	\$ _____
<input type="checkbox"/>	Mileage: _____, Texas to _____, Texas	
	Round Trip ( _____ mi. x 2 ) = _____ mi. x \$0.725 per mi. . .	\$ _____
<b>TOTAL</b>		\$ _____

THE STATE OF TEXAS      §  
COUNTY OF STARR        §

\_\_\_\_\_, being first duly sworn, disposes as follows: I am the claimant in the foregoing claim and this said claim is true and correct.

X \_\_\_\_\_

Subscribed and sworn to before me by the said \_\_\_\_\_ on this the \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Starr County, Texas

MUST BE FILLED IN BY DEPARTMENT HEAD	
FUND NAME:	_____
DEPARTMENT:	_____
LINE-ITEM:	_____
AMOUNT:	_____

MUST BE APPROVED BY THE FOLLOWING:

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
COUNTY JUDGE

\_\_\_\_\_  
COUNTY AUDITOR