

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. . .	\$ _____
		TOTAL \$ _____

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