

Effective 01.01.24

COUNTY OF GOLIAD
REQUEST FOR TRAVEL COSTS

Please mark Advance or Actual:

ADVANCE

ACTUAL

TO THE COUNTY AUDITOR OF GOLIAD COUNTY, TEXAS

The following is a duly verified account of my actual expenses incurred on County business.

*EMPLOYEE NAME:	_____
*PLACE OF TRAVEL:	_____
*PURPOSE OF TRAVEL:	_____
*DATE(S) OF TRAVEL:	_____
<i>*Attach brochure or announcement from event showing place, purpose, date, and location</i>	

MILEAGE:	_____ miles at 0.67 cents per mile	\$ _____
HOTEL:	_____ nights @ _____ per night	\$ _____
	(Attach original hotel receipt) Paid with county credit card? Yes No	
REGISTRATION FEES:		\$ _____
	(Attach registration form <i>and</i> original receipt, if requesting reimbursement)	
PER DIEM:	_____ nights @ \$59/per overnight	\$ _____
OTHER:	_____	\$ _____
	(Attach original receipt for qualifying expenses, per IRS rules)	
	TOTAL EXPENSES	\$ _____

LESS ADVANCED PAYMENTS FROM COUNTY	\$ _____
Check # (if applicable) _____	
FUNDS DUE TO COUNTY	\$ _____
FUNDS DUE TO EMPLOYEE	\$ _____

Signature: _____ Date Submitted: _____

Title/Department: _____ Supervisor Signature: _____

Attach a copy of registration/extradition report; original receipts (attached to 8 1/2" x 11" paper); credit card receipt for proof of payment (if applicable)

NOTE: Extradition reports – other meals (inmate, etc.) should be listed under *Other*

"Actual" costs requests must be submitted within 5 days of return from trip. No future "advance" checks will be issued if a Request for Travel Costs has not been completed from a previous trip.