



**COUNTY OF GOLIAD
REQUEST FOR TRAVEL COST**

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: _____
DATES OF TRAVEL: _____
ATTACH BROCHURE OR ANNOUNCEMENT FROM EVENT SHOWING PLACE, PURPOSE, DATE & LOCATION

MILEAGE:	_____ MILES AT 72.5 CENTS PER MILE	\$ _____
HOTEL:	_____ DAYS @ _____ PER DAY	\$ _____
REGISTRATION FEES:		\$ _____
(ATTACH REGISTRATION FORM & ORIGINAL RECEIPT, IF REQUESTING REIMBURSEMENT)		
PER DIEM:	_____ DAYS @ \$68/DAY (OVERNIGHT TRAVEL ONLY)	\$ _____
OTHER:	_____	\$ _____
(ATTACH ORIGINAL RECEIPT FOR QUALIFYING EXPENSES, PER IRS RULES)		

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" COST REQUEST 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