



## 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 OR 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