

TRAVEL EXPENSE REPORT

NAME OF EMPLOYEE _____ DEPARTMENT _____

PURPOSE OF TRAVEL (Complete in Detail): _____

DESTINATION: _____ DEPARTURE DATE: _____ RETURN DATE: _____

MEALS AND LODGING: Meals will be paid at a per diem rate of **\$65 per day**. If traveling more than 3 hours to get to the event, per diem will be paid the day prior to the start of the event. Employees traveling together must report expenses separately. Explanation required for expenses for more than one person. A per diem will be paid **only** for meals associated with overnight travel and lodging: **meals purchased during escort or transport of prisoners, witnesses, or other wards of the county, meals expressly identified as part of the agenda of a one-day seminar of school during which instruction or discussion is planned may be broken down as Breakfast \$15, Lunch \$20 and Dinner \$30.** No per diem will be paid for meals purchased within Gaines County. Please attach documentation for verification of mileage by shortest route (Google Maps).

Date	Per Diem	Breakfast	Lunch	Dinner	Lodging	Daily Total
TOTAL MEALS AND LODGING						

TRAVEL AND TRANSPORTATION

Airline or Bus (Attach Travel Ticket) _____

Personal Auto _____ Miles @ 70 cents/mile (Shortest Route) _____

Other Travel and Transportation Expense _____

Conference Registration Fees _____

Other Expenses (Complete in detail and attach receipts) _____

TOTAL _____

OTHER EXPENSES:

TOTAL ALL EXPENSES

EXPENSE ADVANCE (Deduct from Total Expenses) _____

COUNTY CREDIT CARD EXPENSE (Deduct from total expenses, attach all receipts) _____

DIFFERENCE:

Date Received by Treas. _____ AMOUNT DUE COUNTY IF NEGATIVE _____

Treasurer's Receipt No. _____ AMOUNT DUE EMPLOYEE IF POSITIVE _____

CERTIFICATION BY EMPLOYEE

"I CERTIFY THAT THE EXPENSES AS SHOWN ON THIS TRAVEL EXPENSE FORM ARE TRUE AND CORRECT STATEMENTS OF EXPENSES INCURRED BY ME WHILE TRAVELING ON OFFICIAL COUNTY BUSINESS."

Signature of Person Submitting Report

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD

"I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR COUNTY TRAVEL. I HAVE EXAMINED THE EXPENSES AND APPROVE THIS REPORT FOR APPROPRIATE ACTION BY THE AUDITOR AND TREASURER OF GAINES COUNTY, TEXAS."

Signature of Official or Department Head