## TRAVEL EXPENSE REPORT

DESTINATION:	NAME OF EMPLOYEE  PURPOSE OF TRAVEL (Complete in Detail):					DEPARTMENT			
MEALS AND LODGING: Meals will be paid at a per diem rate of \$66 per day. **If traveling more than 3 hours to get to event, pediem will be paid the day prior to the start of the event. Employees traveling together must report expenses separately. Explanation required for expenses of 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 expessy identified at 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 attact 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 @ 67 cents/mile (Shortest Route)  **Other Travel and Transportation Expense**  **Conference Registration Fees**  **Other Expenses (Complete in detail and attach receipts)  **TOTAL**  **TOTA			· ·						
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TOTAL MEALS AND LODGING  TRAVEL AND TRANSPORTATION Airline or Bus (Attach Travel Ticket)  Personal Auto Miles @ 67 cents/mile (Shortest Route)  Personal Auto Miles @ 67 cents/mile (Shortest Route)  Personal Auto Miles @ 67 cents/mile (Shortest Route)  S  Other Travel and Transportation Expense  \$  Conference Registration Fees  \$  Other Expenses (Complete in detail and attach receipts)  \$  TOTAL  \$  S  S  TOTAL  \$  \$  \$  \$  \$  \$  S  TOTAL ALL EXPENSES:  \$  \$  \$  \$  \$  \$  COUNTY CREDIT CARD EXPENSE (deduct from total expenses, attach all receipts)  [S  DIFFERENCE:  Date Received By Treas AMOUNT DUE COUNTY IF NEGATIVE  \$  Treasurer's Receipt No AMOUNT DUE EMPLOYEE IF POSITIVE  \$  CERTIFICATION BY EMPLOYEE  *  *  *  CERTIFICATION BY EMPLOYEE  *  *	diem will b required for meals purc part of the Breakfast	e paid the day p e expenses of mo hased during es agenda of a on \$15, Lunch \$20	rior to the start re than one pers cort or transpo e-day seminar and Dinner \$3	of the event. on. A per die rt of prisone of school du 0. No per die	Employees to m will be paiders, witnesses ring which in the m will be paided.	aveling togethed only for means, or other ward struction or dated for meals p	er must report expense als associated with over the county, meal discussion is planned	s separately. Explanation might travel and lodging; is expressly identified as may be broken down as	
TRAVEL AND TRANSPORTATION  Airline or Bus (Attach Travel Ticket)  Personal AutoMiles @ 67 cents/mile (Shortest Route)  Other Travel and Transportation Expense  Conference Registration Fees  Other Expenses (Complete in detail and attach receipts)  TOTAL  S	<u>Date</u>	Per Diem	<u>Breakfast</u>	Lunch	<u>Dinner</u>	Lodging	Daily Total		
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Other Travel and Transportation Expense  Conference Registration Fees  Other Expenses (Complete in detail and attach receipts)  TOTAL  S  TOTAL  S  OTHER EXPENSES:  S  EXPENSE ADVANCE (Deduct From Total Expenses)  COUNTY CREDIT CARD EXPENSE (deduct from total expenses, attach all receipts)  Date Received By Treas.  AMOUNT DUE COUNTY IF NEGATIVE  Treasurer's Receipt No.  AMOUNT DUE EMPLOYEE IF POSITIVE  S  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	Airline or Bus (Attach Travel Ticket)								
Conference Registration Fees  Other Expenses (Complete in detail and attach receipts)  TOTAL  S	Personal AutoMiles @ 67 cents/mile (Shortest Ro				Loute)				
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Treasurer's Receipt No AMOUNT DUE EMPLOYEE IF POSITIVE \$  *****************************	DIFFERE	ENCE:							
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A THE PERSON AS A SERVICE OF A SERVICE PROPERTY OF A SERVICE PROPERTY.	OPP TITE	CATION DV CT	EICIAI OD D	ED A DTRÆES	NT LIEAD		Signature of Pers	on Submitting Report	

"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."