

Account Number: _____

Name of Person Submitting Request _____ Department _____

Purpose of Travel _____

Destination _____ Departure Date _____ Return Date _____

Meals: You may claim only the per diem rate or less. Receipts not required.

Morning Meal: Maximum Per Diem - \$7.00
Noon Meal: Maximum Per Diem - \$10.00
Evening Meal: Maximum Per Diem - \$13.00
Lodging: Itemized Statement Required.

Table with 6 columns: DATE, MORNING MEAL, NOON MEAL, EVENING MEAL, LODGING, DAILY TOTAL. Includes a row for 'TOTAL MEALS & LODGING'.

TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information).....
Personal Auto ___ Miles @ State of Texas Mileage Rate (Shortest Route) ...
Other Travel or Transportation Expense

OTHER EXPENSES:

Conference Registration (Attach Supporting Information)
Other Expense: (Explain in Detail)

TOTAL TRANSPORTATION & OTHER EXPENSES.....

Total THIS Travel Expense Form

Total Travel Expense Form No. 2

DEDUCT Travel Advance Form No. 3()

REQUEST FOR REIMBURSEMENT – OR – DUE TO ECTOR COUNTY _____

CERTIFICATION BY EMPLOYEE: "I certify that the Expenses as shown on this form are true and correct statements of expenses incurred by me while traveling on Official County Business."

Signature of Person Submitting Form

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD: "I certify that the above named Employee received proper authorization for out of county travel. I have examined the request for request for reimbursement and approve the same for payment."

Signature of Official or Department Head

Account Number: _____

Name of Person Submitting Report _____ Department _____

EXPENSES INCURRED IN TRANSPORTING PRISONERS:

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

PRISONER(S) TRANSPORTED FROM: _____ TO: _____

DATE OF DEPARTURE: _____ DATE ARRIVED AT DESTINATION: _____

MEALS & LODGING:

Morning Meal Maximum - \$7.00
Noon Meal Maximum - \$10.00
Evening Meal Maximum - \$13.00

Per Diem expenses are not allowable for the costs of prisoners' meals and expenses. Actual receipts must be submitted to the County Auditor with this travel expense form or requests for reimbursement will not be honored.

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	ACTUAL LODGING	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL PRISONER MEALS & LODGING..... _____

TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information) _____

Other Travel or Transportation Expense _____
(Complete in detail and attach receipts)

TOTAL TRAVEL & TRANSPORTATION EXPENSES _____

OTHER EXPENSES:

Other Deputy Expense (Explain & Attach Receipts) _____

Other Matron Expense (Explain & Attach Receipts) _____

Other Expense (Explain & Attach Receipts) _____

TOTAL OTHER EXPENSES ... _____

TOTAL EXPENSE FORM NO. 2 _____

The Total of this form must be carried forward to Travel Expense Form No. 1 and submitted to the County Auditor for payment.

Account Number: _____

Name of Person Submitting Request _____ Department _____

Purpose of Travel _____

Destination _____ Departure Date _____ Return Date _____

NOTE: In order to receive a travel advance, this form must be completed and submitted to the County Auditor no later than 12:00 noon on the Tuesday before Commissioner’s Court Meeting on the 2nd and 4th Monday of each month.

ESTIMATED MEALS & LODGING:

DATE	MORNING MEAL \$7.00	NOON MEAL \$10.00	EVENING MEAL \$13.00	LODGING \$50.00	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL ESTIMATED MEALS & LODGING..... _____

ESTIMATED TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information)

Personal auto ____ Miles @ State of Texas Mileage Rate (Shortest Route) ...

Other Travel or Transportation Expense.....

ESTIMATED OTHER EXPENSES:

Conference Registration (Attach Supporting Information)

Other Expense: (Explain in Detail)

TOTAL ESTIMATED TRANSPORTATION & OTHER EXPENSES.....

TOTAL REQUEST FOR TRAVEL ADVANCE

STATEMENT OF OFFICIAL OR DEPARTMENT HEAD

“The above named employee is hereby authorized to submit this Advance Travel Expense Form for the purposes stated hereon.”

Signature of Official or Department Head

NOTE: Upon return, a Travel Expense Form No. 1 must be completed and submitted to the County Auditor within 10 days, and any refund due the County must be submitted to the County Treasurer.