



Advance Travel Expense Request

Name: _____ Dept: _____

Address: _____

Purpose: _____ Destination: _____

IMPORTANT: All Travel Advance Requests MUST be completed and SUBMITTED for approval to the County Clerk's Office the Wednesday preceding Commissioners Court and prior to date of departure. Travel Reimbursement Report Form MUST be completed and SUBMITTED to the County Treasurer's Office along with any refunds due to Zavala County and/or additional expenses incurred upon employees return.

Estimated Meals & Lodging

Table with 7 columns: Date, Lodging, Meals, Registration Fees, Parking Fees, Other Expenses, Total. Includes a total row at the bottom.

Estimated Travel Expenses

Table with 4 columns: Date, Air/Bus/Train Travel, Private Auto (.67 Per Mile), Total.

Statement of Official or Department Head

The above-mentioned employee is hereby authorized to submit his/her Advance Travel Expense Request Form for the purpose stated hereon.

I certify that this statement, the amounts, and attachment(s) are true, correct, and complete to the best of my knowledge and belief.

Note: Traveler shall attach documentation certifying activity you will attend.

Traveler Signature: _____

Date: _____

Department Head Signature: _____

Date: _____