

COUNTY OF ZAVALA

ADVANCE TRAVEL EXPENSE REQUEST

NAME OF EMPLOYEE SUBMITTING REQUEST: _____
 ADDRESS OF EMPLOYEE: _____
 NAME OF DEPARTMENT: _____
 DESTINATION: _____
 PURPOSE OF TRAVEL: _____

NOTE: IN ORDER TO RECEIVE AN ADVANCE FOR TRAVEL, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY AUDITOR'S OFFICE, BY THE WEDNESDAY PRECEDING COMMISSIONER'S COURT MEETING AND PRIOR TO DATE OF DEPARTURE. UPON RETURN TO ZAVALA COUNTY, TRAVEL REIMBURSEMENT REPORT FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY AUDITOR'S OFFICE, ALONG WITH ANY REFUNDS DUE THE COUNTY OR ADDITIONAL EXPENSE INCURRED.

ESTIMATED MEALS AND LODGING

<u>DATE</u>	<u>TOTAL MEALS</u>	<u>LODGING</u>	<u>DAILY TOTALS</u>
TOTAL ESTIMATED MEALS & LODGING.....			\$ _____

ESTIMATED TRAVEL & TRANSPORTATION

AIRLING, BUS OR TRAIN.....\$ _____
 PERSONAL AUTO _____ MILES AT .625 CENTS PER MILE.....\$ _____
 TOTAL ESTIMATED TRAVEL & TRANSPORT.....\$ _____

ESTIMATED OTHER EXPENSE

CONFERENCE REGISTRATION EXPENSE.....\$ _____
 OTHER EXPENSE (EXPLAIN) _____ \$ _____
 TOTAL ESTIMATED OTHER EXPENSE.....\$ _____

TOTAL ESTIMATED ADVANCE EXPENSE.....\$ _____

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.

 SIGNATURE OF TRAVELER

 SIGNATURE OF DEPARTMENT HEAD

NOTE: YOU SHALL ATTACH DOCUMENTATION CERTIFYING ACTIVITY YOU WILL ATTEND.