



Travel Reimbursement Report

Name: _____ SS#: _____
Address: _____
Purpose: _____ Destination: _____
Departure Date/Time: _____ Arrival Date/Time: _____

Transportation Expenses

Table with 4 columns: Date, Air/Travel, Private Auto (.67 Per Mile), Total. Total column contains dollar signs.

Summary of Expenses

Table with 7 columns: Date, Lodging, Meals, Registration Fees, Parking Fees, Other Expenses, Total. Includes summary rows for Expense Report Total, Less: Adv. Travel Payment, Traveler Reimbursement, and Zavala Co. Reimbursement.

- ❖ Travel Reimbursement Report MUST Be SUBMITTED Within 7 Working Days Following Trip.
❖ Receipt Required For ALL Expenses.

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

Traveler Signature: _____

Date: _____

Department Head Signature: _____

Date: _____

