

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 @ current State rate _____ cents/mi. (Shortest Route) _____

Other Travel or Transportation Expsnse..... _____

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 From 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.