

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

Maximum Per Diem: Morning Meal \$14.00 - Noon Meal \$17.00 - Evening Meal \$20.00

Estimated Meals & Lodging:

| Date | Morning Meal | Noon Meal | Evening Meal | Lodging | Daily Total |
|-------|--------------|-----------|--------------|---------|-------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

TOTAL MEALS & LODGING: _____

TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information) _____

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

OTHER EXPENSES:

Conference Registration (attach supporting information) _____

Other Expense: (Explain in Detail) _____

TOTAL TRANSPORTATION & OTHER EXPENSES _____

Total this travel Expense Form _____

Enter 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 request for reimbursement and approve the same for payment.

Signature of Official or Department Head