

**ECTOR COUNTY, TEXAS**

**TRAVEL EXPENSE FORM NO. 3**

**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 2<sup>nd</sup> and 4<sup>th</sup> Tuesday of each month.

**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 Request 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 Form 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 Treasure.