

ECTOR COUNTY, TEXAS

TRAVEL EXPENSE FORM NO. 1

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

Account Number: _____

Name of Person Submitting Report _____ Department _____

EXPENSES INCURRED IN TRANSPORTING PRISONERS:

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

NAME OF PRISONER: _____ CASE NO.: _____

PRISONER(S) TRANSPORTED FROM: _____ TO: _____

DATE OF DEPARTURE: _____ DATE ARRIVED AT DESTINATION: _____

MEALS & LODGING: Morning Meal Maximum - \$7.00
Noon Meal Maximum - \$10.00
Evening Meal Maximum - \$13.00

Per Diem expenses are not allowable for the costs of prisoners' meals and expenses. Actual receipts must be submitted to the County Auditor with this travel expense form or requests for reimbursement will not be honored.

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	ACTUAL LODGING	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL PRISONER MEALS & LODGING..... _____

TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information)

Other Travel or Transportation Expense
(Complete in detail and attach receipts)

TOTAL TRAVEL & TRANSPORTATION EXPENSES _____

OTHER EXPENSES:

Other Deputy Expense (Explain & Attach Receipts)

Other Matron Expense (Explain & Attach Receipts)

Other Expense (Explain & Attach Receipts)

TOTAL OTHER EXPENSES ... _____

TOTAL EXPENSE FORM NO. 2 _____

The Total of this form must be carried forward to Travel Expense Form No. 1 and submitted to the County Auditor for payment.

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 2nd and 4th 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.