

**COUNTY OF ZAVALA**  
**ADVANCE TRAVEL EXPENSE REQUEST**

NAME OF EMPLOYEE SUBMITTING REQUEST: \_\_\_\_\_

ADDRESS OF EMPLOYEE: \_\_\_\_\_

NAME OF DEPARTMENT: \_\_\_\_\_

DESTINATION: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

**NOTE: IN ORDER TO RECEIVE AN ADVANCE FOR TRAVEL, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY AUDITOR'S OFFICE, BY THE WEDNESDAY PRECEDING COMMISSIONER'S COURT MEETING AND PRIOR TO DATE OF DEPARTURE. UPON RETURN TO ZAVALA COUNTY, TRAVEL REIMBURSEMENT REPORT FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY AUDITOR'S OFFICE, ALONG WITH ANY REFUNDS DUE THE COUNTY OR ADDITIONAL EXPENSE INCURRED.**

ESTIMATED MEALS AND LODGING

<u>DATE</u>	<u>TOTAL MEALS</u>	<u>LODGING</u>	<u>DAILY TOTALS</u>
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
TOTAL ESTIMATED MEALS & LODGING.....			\$ _____

ESTIMATED TRAVEL & TRANSPORTATION

AIRLING, BUS OR TRAIN.....\$ \_\_\_\_\_  
 PERSONAL AUTO \_\_\_\_\_ MILES @ .50 CENTS PER MILE.....\$ \_\_\_\_\_  
 TOTAL ESTIMATED TRAVEL & TRANSPORT.....\$ \_\_\_\_\_

ESTIMATED OTHER EXPENSE

CONFERENCE REGISTRATION EXPENSE .....\$ \_\_\_\_\_  
 OTHER EXPENSE (EXPLAIN).....\$ \_\_\_\_\_  
 TOTAL ESTIMATED OTHER EXPENSE.....\$ \_\_\_\_\_  
 TOTAL ESTIMATED ADVANCE EXPENSE.....\$ \_\_\_\_\_

STATEMENT OF OFFICIAL OR DEPARTMENT HEADS

THE ABOVE MENTIONED EMPLOYEE IS HEREBY AUTHORIZED TO SUBMIT HIS/HER ADVANCE TRAVEL EXPENSE REQUEST FORM FOR THE PURPOSE STATED HEREON.

\_\_\_\_\_  
 SIGNATURE OF TRAVELER

\_\_\_\_\_  
 SIGNATURE OF DEPARTMENT HEAD

**NOTE: YOU SHALL ATTACH DOCUMENTATION CERTIFYING ACTIVITY YOU WILL ATTEND.**