

COUNTY OF ZAVALA
TRAVEL REIMBURSEMENT REPORT

NAME OF TRAVELER _____ SS# _____ DATE _____

ADDRESS OF TRAVELER _____

DESTINATION _____ PURPOSE OF TRAVEL _____

DATE & TIME OF DEPARTURE _____ DATE & TIME OF ARRIVAL _____

TRANSPORTATION: PLANE FARE: \$ _____

PRIVATE AUTO (.50 CENTS/ML) \$ _____

LODGING \$ _____

MEALS \$ _____

REGISTRATION FEES \$ _____

PARKING FEES \$ _____

OTHER EXPENSES \$ _____

TOTAL EXPENSES \$ _____

LESS: ADVANCE TRAVEL PAYMENT \$ (_____)

AMOUNT TO BE REIMBURSED TO TRAVELER \$ _____

AMOUNT TO BE REIMBURSED TO COUNTY OF ZAVALA \$ _____

NOTE: TRAVEL REIMBURSEMENT REPORT MUST BE SUBMITTED
WITHIN 7 WORKING DAYS AFTER TRIP

TRAVELER MUST SUBMIT RECEIPT FOR ALL EXPENSES

I CERTIFY THAT THIS STATEMENT, THE AMOUNTS CLAIMED AND
ATTACHMENT ARE TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY
KNOWLEDGE AND BELIEF.

SIGNATURE OF TRAVELER

SIGNATURE OF DEPARTMENT HEAD

DATE

DATE