



EMPLOYEE TRAVEL EXPENSES

Expense Form #1

Person Submitting Report:	Department:		
Address of traveler:			
Purpose of Travel:	Destination:		
Departure Date:	Departure Time:	Return Date:	Return Time:

MEALS AND LODGING EXPENSE SUMMARY

(attach receipts, excluding meal receipts)

Description of Expenditure	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	Month/Day	TOTALS
Breakfast-Per Diem								
Lunch-Per Diem								
Dinner-Per Diem								
Incidental-Per Diem								
Lodging								
Parking/Toll								
Telephone								
TOTAL:								

NOTE: If meal was provided by the conference/seminar, please write "PROVIDED" in the space designated for that meal.

TRAVEL, TRANSPORTATION AND OTHER EXPENSES (attach receipts)

Registrations	(Attach copy of registration form)		
Mileage	Number of miles:	@ rate per mile	
Airline, Bus, Train			
Other (describe):			
TOTAL:			

TOTALS (ALLOWABLE COSTS)

Meals & Lodging Expenses Summary Total		
Travel, Transportation and Other Expense Total		
Less Prior Payments or Advance (enter as negative number)		
Total Due Employee/(Due County)		

CERTIFICATION

EMPLOYEE: "I certify that the Expenses as shown on this form are a true and correct statement of expenses incurred by me while traveling on official county business and I have not received reimbursement from any other source."

OFFICIAL, DEPARTMENT HEAD OR COMMISSIONERS COURT LIAISON: "I certify that the above-named employee received proper authorization for official county travel. I have examined the request reimbursement and approve the same for payment."

Signature of Employee

Signature of Official / Department Head / Commissioners Court Liaison