



# 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:		
<b>MEALS AND LODGING EXPENSE SUMMARY</b> (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								
<b>TOTAL:</b>								
<b>NOTE:</b> If meal was provided by the conference/seminar, please write "PROVIDED" in the space designated for that meal.								
<b>TRAVEL, TRANSPORTATION AND OTHER EXPENSES (attach receipts)</b>								
Registrations	(Attach copy of registration form)							
Mileage	Number of miles:			@ rate per mile				
Airline, Bus, Train								
Other (describe):								
<b>TOTAL:</b>								

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

### 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