



EMPLOYEE TRAVEL EXPENSE FORM

PERSON SUBMITTING REPORT: _____
NAME OF DEPARTMENT: _____
PURPOSE OF TRAVEL: _____
DESTINATION: _____ DEPART DATE/TIME: _____ RETURN DATE/TIME: _____

MEALS AND LODGING: Meals are reimbursed at the flat rate listed. ***Please note that all meals purchased while traveling are NOT reimbursable when the travel does not include an overnight stay.**
*Receipts for all other **expenses** are necessary for reimbursement. **Please attach a copy of the Conference/ Meeting Program verifying which meals are provided. Departure/Return time must be completed in order to process.**

MEALS	\$14.00	\$16.00	\$29.00	\$5.00	
DATE:	Breakfast	Lunch	Dinner	*Incidental	Total

LODGING

DATE:	LODGING EXPENSE

TOTAL
G/L:

TOTAL
G/L:

MILEAGE: (SHORTEST ROUTE)

DATE:	MILEAGE	\$0.70			TOTAL

TOTAL
G/L:

Conference Registration (attach receipts and copy of program):
Other Expenses (explain and attach receipts):

G/L:

NOTE: Copies of Agendas, Programs, Lodging Receipts, Maps/Mileage, Registration Receipts, and other expense receipts are required for reimbursement.

Total of all expenses:
Deduct travel advance:

Total Request for Reimbursement:
(OR Due to 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 Employee

Date

CERTIFICATION OF OFFICIAL OR DEPARTMENT HEAD:

"I certify that the above named employee received proper authorization for official county travel., I have examined the request for reimbursement and approved the same for payment."

2024 Per Diem_GSA.gov (Austin) (78644)/IR-2022-234 Mileage

EFF 6/12/2024

Signature of Official/Department Head

Date