

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	\$16.00	\$19.00	\$28.00	\$5.00	
DATE:	Breakfast	Lunch	Dinner	*Incidental	Total

LODGING

DATE:	LODGING EXPENSE

TOTAL

G/L:

TOTAL

TOTAL

G/L:

MILEAGE: (SHORTEST ROUTE)

[illegible]

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 _____