

Account Number: \_\_\_\_\_

Name of Person Submitting Request \_\_\_\_\_ Department \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

Destination \_\_\_\_\_ Departure Date \_\_\_\_\_ Return Date \_\_\_\_\_

**NOTE:** In order to receive a travel advance, this form must be completed and submitted to the County Auditor no later than 12:00 noon on the Tuesday before Commissioner’s Court Meeting on the 2<sup>nd</sup> and 4<sup>th</sup> Monday of each month.

ESTIMATED MEALS & LODGING:

DATE	MORNING MEAL \$9.00	NOON MEAL \$12.00	EVENING MEAL \$15.00	LODGING \$50.00	DAILY TOTAL
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL ESTIMATED MEALS & LODGING..... \_\_\_\_\_

ESTIMATED TRAVEL & TRANSPORTATION:

Airline, Bus, Train (Attach Supporting Information) .....

Personal auto \_\_\_\_ Miles @ IRS Mileage Rate (Shortest Route) ...

Other Travel or Transportation Expense.....

ESTIMATED OTHER EXPENSES:

Conference Registration (Attach Supporting Information) .....

Other Expense: (Explain in Detail) .....

TOTAL ESTIMATED TRANSPORTATION & OTHER EXPENSES.....

TOTAL REQUEST FOR TRAVEL ADVANCE .....

**STATEMENT OF OFFICIAL OR DEPARTMENT HEAD**

“The above named employee is hereby authorized to submit this Advance Travel Expense Form for the purposes stated hereon.”

\_\_\_\_\_  
Signature of Official or Department Head

**NOTE:** Upon return, a Travel Expense Form No. 1 must be completed and submitted to the County Auditor within 10 days, and any refund due the County must be submitted to the County Treasurer.