

TRAVEL EXPENSE REPORT

NAME OF EMPLOYEE _____ **DEPARTMENT** _____

PURPOSE OF TRAVEL (Complete in Detail): _____

DESTINATION: _____ **DEPARTURE DATE:** _____ **RETURN DATE:** _____

MEALS AND LODGING: Meals will be at a per diem rate as follows: **Breakfast \$10, Lunch \$15, Dinner \$20**, for a maximum of **\$45 per day**. Employees traveling together must report expenses separately. Explanation required for expenses of more than one person. A per diem will be paid only for meals associated with overnight travel and lodging; meals purchased during escort or transport of prisoners, witnesses, or other wards of the county, meals expressly identified as part of the agenda of a one-day seminar of school during which instruction or discussion is planned. No per diem will be paid for meals purchased within Gaines County. Please attach documentation for verification of mileage by shortest route (Google Maps or similar paperwork).

<u>Date</u>	<u>Breakfast</u>	<u>Lunch</u>	<u>Dinner</u>	<u>Lodging</u>	<u>Daily Total</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL MEALS AND LODGING \$ _____

TRAVEL AND TRANSPORTATION

Airline or Bus (Attach Travel Ticket) \$ _____

Personal Auto _____ Miles @ .56 cents/mile (Shortest Route) \$ _____

Other Travel and Transportation Expense \$ _____

Conference Registration Fees \$ _____

Other Expenses (Complete in detail and attach receipts) \$ _____

TOTAL \$ _____

OTHER EXPENSES:

_____ \$ _____

_____ \$ _____

TOTAL ALL EXPENSES \$ _____

EXPENSE ADVANCE (Deduct From Total Expenses) (\$ _____)

COUNTY CREDIT CARD EXPENSE (deduct from total expenses, attach all receipts) (\$ _____)

DIFFERENCE:

Date Received By Treas. _____ AMOUNT DUE COUNTY IF NEGATIVE \$ _____

Treasurer's Receipt No. _____ AMOUNT DUE EMPLOYEE IF POSITIVE \$ _____

CERTIFICATION BY EMPLOYEE

"I CERTIFY THAT THE EXPENSES AS SHOWN ON THIS TRAVEL EXPENSE FORM ARE TRUE AND CORRECT STATEMENTS OF EXPENSES INCURRED BY ME WHILE TRAVELING ON OFFICIAL COUNTY BUSINESS"

Signature of Person Submitting Report

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD

"I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR COUNTY TRAVEL. I HAVE EXAMINED THE EXPENSES AND APPROVE THIS REPORT FOR APPROPRIATE ACTION BY THE AUDITOR AND TREASURER OF GAINES COUNTY, TEXAS."

Signature of Official or Department Head