

**COUNTY OF GOLIAD
REQUEST FOR TRAVEL COSTS**

Please mark Advance or Actual:

ADVANCE

ACTUAL

TO THE COUNTY AUDITOR OF GOLIAD COUNTY, TEXAS

The following is a duly verified account of my actual expenses incurred on County business.

*PLACE OF TRAVEL:	
*PURPOSE OF TRAVEL:	
*DATE(S) OF TRAVEL:	
*Attach brochure or announcement from event showing place, purpose, date and location	

MILEAGE _____ MILES X .58 CENTS (attach verification such as Map Quest or Yahoo map)	\$	
HOTEL _____ DAY(S) @ \$ _____ PER DAY (attach original hotel receipt) (if hotel paid by County credit card, write in "See Credit Card")	\$	
REGISTRATION FEES (attach registration form and original receipt if requesting reimbursement)	\$	
PER DIEM: OVERNIGHT TRAVEL (\$39 PER OVERNIGHT STAY) _____ Overnights @ \$39.00/night	\$	
OTHER: _____ (attach original receipt for qualifying expenses per IRS rules)	\$	
TOTAL EXPENSES	\$	

LESS ADVANCED PAYMENT(S) FROM COUNTY: CHECK # (if applicable) _____	()	
DIFFERENCE: (FUNDS DUE COUNTY) or FUNDS DUE EMPLOYEE	\$	

SIGNATURE: _____

DATE SUBMITTED: _____

TITLE/DEPT: _____

SUPERVISOR: _____

ATTACH: A copy of Registration or Extradition Report; Original receipts (taped to an 8 1/2" X 11" sheet of paper); credit card receipt for proof of payment (if applicable).

NOTE 1: Each employee is to prepare and turn in their reimbursement request within 5 days of return.

NOTE 2: For Extradition Reports, other meals (i.e., inmate) should be listed under Other.

IMPORTANT: An "Actual" Cost Request **MUST** be submitted after each trip within 5 days of return. No future Advance checks will be issued to any County Employee if they have not completed a Travel Cost Request from a previous trip.