

Effective January 1, 2023

COUNTY OF GOLIAD
REQUEST FOR TRAVEL COSTS

Please mark Advance or Actual:

ADVANCE

Empty box for Advance selection

ACTUAL

Empty box for Actual selection

TO THE COUNTY AUDITOR OF GOLIAD COUNTY, TEXAS

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

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

MILEAGE: \_\_\_\_\_ miles at 0.655 cents per mile \$\_\_\_\_\_
HOTEL: \_\_\_\_\_ days @ \_\_\_\_\_ per day \$\_\_\_\_\_
(Attach original hotel receipt) Paid with county credit card? Yes No
REGISTRATION FEES: \$\_\_\_\_\_
(Attach registration form and original receipt, if requesting reimbursement)
PER DIEM: \_\_\_\_\_ days @ \$39/day (overnight travel only) \$\_\_\_\_\_
OTHER: \$\_\_\_\_\_
(Attach original receipt for qualifying expenses, per IRS rules)
TOTAL EXPENSES \$\_\_\_\_\_

LESS ADVANCED PAYMENTS FROM COUNTY \$\_\_\_\_\_
Check # (if applicable) \_\_\_\_\_
FUNDS DUE TO COUNTY \$\_\_\_\_\_
FUNDS DUE TO EMPLOYEE \$\_\_\_\_\_

Signature: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Title/Department: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_

Attach a copy of registration/extradition report; original receipts (attached to 8 1/2" x 11" paper); credit card receipt for proof of payment (if applicable)

NOTE: Extradition reports – other meals (inmate, etc.) should be listed under Other

“Actual” costs requests must be submitted within 5 days of return from trip. No future “advance” checks will be issued if a Request for Travel Costs has not been completed from a previous trip.