



**COUNTY OF GOLIAD  
REQUEST FOR TRAVEL COST**

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**

EMPLOYEE NAME: _____
PLACE OF TRAVEL: _____
PURPOSE OF TRAVEL: _____
DATES OF TRAVEL: _____
<b>ATTACH BROCHURE OR ANNOUNCEMENT FROM EVENT SHOWING PLACE, PURPOSE, DATE &amp; LOCATION</b>

MILEAGE: _____ MILES AT .70 CENTS PER MILE	\$ _____
HOTEL: _____ DAYS @ _____ PER DAY	\$ _____
REGISTRATION FEES: (ATTACH REGISTRATION FORM & ORIGINAL RECEIPT, IF REQUESTING REIMBURSEMENT)	\$ _____
PER DIEM: _____ DAYS @ \$68/DAY (OVERNIGHT TRAVEL ONLY)	\$ _____
OTHER: _____ (ATTACH ORIGINAL RECEIPT FOR QUALIFYING EXPENSES, PER IRS RULES)	\$ _____

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"** COST REQUEST 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