



# TRAVEL EXPENSE ADVANCE

## Expense Form #2

Person Submitting Report:		Department:
Purpose of Travel:		
Destination:		
Departure Date:	Departure Time:	
Return Date:	Return Time:	
Make Check Payable To:		
Address:		

**NOTE:** In order to receive an advance on travel expenses, this form must be completed and submitted to the County Auditor no later than 12:00 noon four days prior to the next Commissioners Court meeting. Upon return to the County, Travel Form #1 must be completed and submitted to the County Auditor along with any refund due the County or added expenses incurred.

ESTIMATED LODGING EXPENSE								
Description of Expenditure	Month/Day	Total						
Lodging								\$
Other (Describe)								\$
Total	\$	\$	\$	\$	\$	\$	\$	\$

TRAVEL, TRANSPORTATION AND OTHER EXPENSES		
Registrations	(Attach copy of registration form)	\$
Airline, Bus, Train	(Attach invoice or copy of ticket)	\$
Other (Describe)		\$
Total		\$

TOTALS	
Estimated Lodging Expense Total	\$
Travel, Transportation and Other Expense Total	\$
<b>Total Request for Expense Advance</b>	<b>\$</b>

CERTIFICATION	
<b>OFFICIAL, DEPARTMENT HEAD OR COMMISSIONERS COURT LIAISON:</b> "The above named employee is hereby authorized to submit this advance travel expense form for the purposes stated hereon."	
_____ Signature and printed name of Official / Department Head / Commissioners Court Liaison	_____ Date