



# TRAVEL ADVANCE REQUEST FORM

Person Submitting Request: \_\_\_\_\_

Department: \_\_\_\_\_

Purpose of travel: \* \_\_\_\_\_

**NOTE:** In order to receive an advance for travel expenses, this form must be completed and **submitted to the Accounts Payable no later than 12:00 noon on the Tuesday before the Commissioner's Court Meeting** on the 2<sup>nd</sup> or 4<sup>th</sup> Monday of each month. A Travel Expense Reimbursement Form must be completed and submitted to Accounts Payable within ten (10) business days after travel is completed, along with payment of advanced amount, other than meal per diem, which was not expended for approved purpose.

## LODGING

(Attach supporting Documentation)

Dates		Total
_____	Room Rate per day _____	_____
_____	Parking Expense per day _____	_____
_____	Other Lodging Expense (Explain) _____	_____
_____		
Accounting Code _____		

Make check payable to: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

## MEAL PER DIEM

Date	Meal Per Diem			Daily Total
_____	<input type="checkbox"/> Morning (\$10)	<input type="checkbox"/> Midday (\$15)	<input type="checkbox"/> Evening (\$20)	_____
_____	<input type="checkbox"/> Morning (\$10)	<input type="checkbox"/> Midday (\$15)	<input type="checkbox"/> Evening (\$20)	_____
_____	<input type="checkbox"/> Morning (\$10)	<input type="checkbox"/> Midday (\$15)	<input type="checkbox"/> Evening (\$20)	_____
_____	<input type="checkbox"/> Morning (\$10)	<input type="checkbox"/> Midday (\$15)	<input type="checkbox"/> Evening (\$20)	_____
_____	<input type="checkbox"/> Morning (\$10)	<input type="checkbox"/> Midday (\$15)	<input type="checkbox"/> Evening (\$20)	_____
Accounting Code _____				

Make check payable to: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

## ESTIMATED TRAVEL AND TRANSPORTATION

Air and/or Ground Transportation (Attach supporting Information) ..... \_\_\_\_\_

Personal Vehicle Mileage: Miles @ \$ \_\_\_\_\_ per mile ..... \_\_\_\_\_

Accounting Code \_\_\_\_\_

Make check payable to: \_\_\_\_\_ Total Due: \$ \_\_\_\_\_

Turn Over

**OTHER EXPENSES**

Conference Registration (Attach supporting Information) ..... \_\_\_\_\_

Other (Explain In Detail) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Accounting Code \_\_\_\_\_

Make check payable to: \_\_\_\_\_ **Total Due: \$** \_\_\_\_\_

Statement of Elected Official or Department Head

The above named employee is hereby authorized to submit this travel advance request form for the purpose stated hereon.

Signature of Official or Department Head	Date

\*Attach meeting or conference program/agenda and /or other documentation supporting the need for this travel expenditure.