

**NAVARRO COUNTY  
ADVANCE TRAVEL EXPENSE REQUEST**

NAME: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_

PURPOSE OF TRAVEL: \_\_\_\_\_

TYPE OF ADVANCE REQUIRED (Check One):

- Advance Registration
- Hotel Reservation
- Cash Advance
- Other \_\_\_\_\_

TOTAL AMOUNT REQUESTED: \$ \_\_\_\_\_

DATE ADVANCE REQUIRED: \_\_\_\_\_

PAYABLE TO (Name & Address): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NOTE:**

In order to receive an advance on travel expense, this form must be completed and submitted to the County Auditor's Office at least two (2) working days prior to departure. Upon return to the County, a *Report of Personal Expenses and Request for Reimbursement* form must be completed and submitted to the County Auditor's Office with all necessary receipts attached along with any refund due the County or request for reimbursement of additional expenses incurred.

The undersigned certifies that the information contained herein is true and correct, is reasonable and within the employee's normal job assignment and necessary for County business.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
OFFICEHOLDER SIGNATURE

\_\_\_\_\_  
DATE

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**COUNTY AUDITOR'S OFFICE ONLY**

ACCT. NO.: \_\_\_\_\_

APPROVED: \_\_\_\_\_