

NAVARRO COUNTY
ADVANCE TRAVEL EXPENSE REQUEST

EFFECTIVE JANUARY 06, 2020

NAME: _____ DEPARTMENT: _____

PURPOSE OF TRAVEL: _____

DATE OF TRAVEL: _____ to _____

TYPE OF ADVANCE REQUIRED (Check One): (ONE FORM FOR EACH BOX)

- Advance Registration
 Hotel Reservation
 Meals
 Mileage
 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 by the **Wednesday prior to each Commissioners Court Meeting.** (i.e.: Commissioners Court meets every 2nd and 4th Monday of each month, submit 3 business days prior)
Upon return to the County, a Report of Personal Expenses and Travel Reconciliation 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

OFFICE HOLDER SIGNATURE DATE

COUNTY AUDITOR'S OFFICE ONLY

ACCT. NO.: _____ VENDOR: _____ APPROVED: _____