

**CLAY COUNTY, TEXAS  
TRAVEL EXPENSE REIMBURSEMENT FORM**

NAME OF EMPLOYEE SUBMITTING REQUEST: \_\_\_\_\_

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

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

ESTIMATED MEALS AND LODGING: You may claim a set amount of **\$30.00/for a 3 meal day out of town overnight.**  
**Actual expenses for motel/hotel accommodations with this report, with actual receipt.**

Meals Maximum \$30.00	Lodging Receipts Required	Date	Daily Total
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ESTIMATED TRAVEL AND TRANSPORTATION:

Airline, Bus, Train \_\_\_\_\_

Personal Auto \_\_\_\_\_ miles @ \$.55 per mile \_\_\_\_\_

ESTIMATED OTHER EXPENSES:

Conference Registration Expense \_\_\_\_\_

<b>TOTAL TRAVEL EXPENSE</b>	<b>\$</b> _____
Deduct: Total advance on expenses already received	(-) \$ _____
<b>TOTAL REQUEST FOR REIMBURSEMENT</b>	<b>\$</b> _____
<b>TOTAL REFUND DUE COUNTY</b>	<b>\$</b> _____

CERTIFICATION BY EMPLOYEE:

"I certify that the expenses as shown on the travel expense form are true and correct statements of expenses incurred by me while traveling out-of-county on official county business."

\_\_\_\_\_  
Signature of Person Submitting Report

CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD:

"I certify that the above named employee received proper authorization for out-of-county travel. I have examined the requests for reimbursement on the travel expense form and approve the same for payment."

\_\_\_\_\_  
Signature of Official **or**  
Department Head