



# TRAVEL AUTHORIZATION AND EXPENSE REPORT

## SECTION I—FINANCIAL SYSTEM & ACCOUNT DISTRIBUTION SECTION

EMPLOYEE ID	FUND	AGENCY	ORG CODE	PAS	OBJECT	SUB OBJECT	REPORTING CATEGORY

## SECTION II—TRAVEL INFORMATION SECTION

	TRAVEL STATUS	FUND SOURCE
<b>NAME OF TRAVELER (VENDOR)</b>	<b>BEGINS:</b> Date _____ Time _____	<input type="checkbox"/> COUNTY _____  <input type="checkbox"/> GRANT _____  <input type="checkbox"/> OTHER _____
<b>DEPARTMENT</b>	<b>ENDS:</b> Date _____ Time _____	
<b>PURPOSE OF TRAVEL</b>	<input type="checkbox"/> <b>COMMERCIAL TRANSPORTATION</b> specify type _____ <input type="checkbox"/> <b>PRIVATE VEHICLE</b> License # _____ <input type="checkbox"/> <b>COUNTY VEHICLE</b> County # _____	
<b>DESTINATION</b>		

## SECTION III—EXPENSE & PAYMENT SECTION

(A) EXPENSE CATEGORY	(B) ESTIMATE OF EXPENSES	(C) ACTUAL EXPENSES	(D) PREPAYMENT AMOUNT	(E) PREPAYMENT, ADVANCE, DATES, NOTES, ETC.	
<b>1. MILEAGE:</b> Miles @      Per mile					
<b>2. COMMERCIAL TRANSPORTATION</b> (air, rail, bus, etc.)					
<b>3. PER DIEM ALLOWANCE FOR DESTINATION</b> Lodging      Days @      Per night					
<b>4. MEALS</b> (see per diem worksheet attached) # of bfast=      # of lunch=      # of din=					
<b>5. CONFERENCE/COURSE REGISTRATION FEES</b>					
<b>6. RENTAL VEHICLE &amp; RELATED GAS/OIL</b>					
<b>7. GROUND TRANSPORTATION</b> (local bus, taxi, shuttle, etc.)					
MAXIMUM \$2.00 PER 24 HOURS					
<b>8. INCIDENTALS</b> (parking fees, tips, personal phone calls.)					
<b>9. OTHER</b> (specify)					
<b>* CERTIFICATION BY TRAVELER:</b> "I certify that the preceding is a true statement of actual expenses incurred in the performance of County/Special District business".	<b>(F) TOTAL</b>	<b>(G) TOTAL</b>	<b>(H) TOTAL</b>	<b>(I) AMT DUE CNTY (H&gt;G)</b>	<b>(J) AMT DUE TVLR (G&gt;H)</b>

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border-bottom: 1px solid black; width: 70%;">Department/Special District Budget Review Signature</td> <td style="border-bottom: 1px solid black; width: 15%;">Phone</td> <td style="border-bottom: 1px solid black; width: 15%;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Pre-Travel Authorization Signature</td> <td style="border-bottom: 1px solid black;">Phone</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Signature of Traveler (*see certification above)</td> <td style="border-bottom: 1px solid black;">Phone</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> <tr> <td style="border-bottom: 1px solid black;">Post-Travel Authorization Signature</td> <td style="border-bottom: 1px solid black;">Phone</td> <td style="border-bottom: 1px solid black;">Date</td> </tr> </table>	Department/Special District Budget Review Signature	Phone	Date	Pre-Travel Authorization Signature	Phone	Date	Signature of Traveler (*see certification above)	Phone	Date	Post-Travel Authorization Signature	Phone	Date	<p><b>REIMBURSEMENT</b> (check one):</p> <p style="text-align: center;"><input type="checkbox"/> TRAVELER      <input type="checkbox"/> COUNTY</p> <p>EARNING CODE: _____</p> <p>DATE: _____</p> <p>PERSONAL CHECK #: _____</p>
Department/Special District Budget Review Signature	Phone	Date											
Pre-Travel Authorization Signature	Phone	Date											
Signature of Traveler (*see certification above)	Phone	Date											
Post-Travel Authorization Signature	Phone	Date											