



TRAVEL AUTHORIZATION AND EXPENSE REPORT

SECTION I—FINANCIAL SYSTEM & ACCOUNT DISTRIBUTION SECTION

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

SECTION II—TRAVEL INFORMATION SECTION

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

SECTION III—EXPENSE & PAYMENT SECTION

(A) EXPENSE CATEGORY	(B) ESTIMATE OF EXPENSES	(C) ACTUAL EXPENSES	(D) PREPAYMENT AMOUNT	(E) PREPAYMENT, ADVANCE, DATES, NOTES, ETC.	
1. MILEAGE: Miles @ Per mile	0.00				
2. COMMERCIAL TRANSPORTATION (air, rail, bus, etc.)					
3. PER DIEM ALLOWANCE FOR DESTINATION Lodging Days @ Per day	0.00				
4. MEALS & INCIDENTAL EXPENSES # of breakfast= # of lunch= # of dinner= Max Incidental Expense Advance=\$5.00/24 hours					
5. CONFERENCE/COURSE REGISTRATION FEES					
6. RENTAL VEHICLE & RELATED GAS/OIL					
7. GROUND TRANSPORTATION (local bus, taxi, shuttle, etc.)					
8. OTHER (specify)					
* CERTIFICATION BY TRAVELER: "I certify that the preceding is a true statement of actual expenses incurred in the performance of County/Special District business".	(F) TOTAL 0.00	(G) TOTAL 0.00	(H) TOTAL 0.00	(I) AMT DUE CNTY (H>G)	(J) AMT DUE TVLR (G>H)

<table style="width: 100%;"> <tr> <td style="width: 70%;">Department/Special District Budget Review Signature</td> <td style="width: 15%;">Phone</td> <td style="width: 15%;">Date</td> </tr> <tr> <td>Pre-Travel Authorization Signature</td> <td>Phone</td> <td>Date</td> </tr> <tr> <td>Signature of Traveler (*see certification above)</td> <td>Phone</td> <td>Date</td> </tr> <tr> <td>Post-Travel Authorization Signature</td> <td>Phone</td> <td>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>REIMBURSEMENT (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											