WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM

Request Total $ 0.00

Prepared By: _____
Request No. : _____
Budget Account Number: _____

EMPLOYEE INFORMATION:

Employee Name _____
S.S. # Last 4 digits _____
Address _____
Invoice# (Auditor) _____

TRAVEL DESCRIPTION (conference name, dates, and city):

_____
_____
_____
_____

Note: Proof of Completed course must be remitted.
Auditors Use: Proof Received Y or N

DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR:

I hereby certify that the travel described above is true, correct, and necessary to conduct official Webb County business. I further certify that this travel will not be reimbursed by any other entity.

_____ _____

Printed Name & Signature of Department Head **Date**

AFFIDAVIT / AUTHORIZATION BY CLAIMANT:

I hereby certify that the information contained on this form is true and correct. I hereby agree to provide to the County Auditor documentation of the actual expenditures for the funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not properly expended for this travel. I agree to repay any funds for which I fail to provide documentation within five (5) business days of the date of return as given on this form. I authorize Webb County to deduct from my wages any expenses for which I have neither provided documentation nor repaid by that deadline.

_____ _____

Printed Name & Signature of Claimant **Date**

GENERAL QUESTIONS:

Date and time of departure _____
Date and time of return _____
Number of employees on trip _____
Will airline flight be involved in this travel? _____
Will a County vehicle be used in the travel? _____
Will a rental vehicle be used in the travel? _____
(if yes, a purchase order is required)

MILEAGE (for private vehicles only):

Round trip from Laredo to _____
= _____ miles @$ .5χυ or 5χ8υ¢ mile =
TOTAL **$** 0.00

MEALS: *Meals on non-overnight travel will be paid through Payroll*

_____ Breakfasts @ $10 each = $ 0.00
_____ Lunches @ $14 each = $ 0.00
_____ Dinners @ $16 each = $ 0.00

TOTAL **$** 0.00

LODGING:

Lodging cost in excess of $50 per night will be provided upon presentation of a written confirmation. A detailed lodging receipt must be presented to the County Auditor upon completion of the trip.

_____ *night (s) on trip @* _____ *per night =*

TOTAL **$** 0.00

OTHER EXPENSES (receipts required):

_____ $_____
_____ $_____

TOTAL **$** 0.00

TOTAL TRAVEL EXPENSES ADVANCED **$** 0.00

FOR AUDITORS USE ONLY

Approved by County Auditor _____ ***Date*** _____

Date Received _____ Due Out_____ Assigned To_____ on_____

Dbl Check _____ on _____ to Acct _____To RP _____ Rec'd by CG _____ ***Form AP02 Revised 01/15***