

Bandera County, Texas Business Travel Voucher

Elected Official/Employee

Name _____

Department _____

Seminar, Conference, or School

Title of Conference _____

Date(s) of Training _____

Travel

	Date	Origin City	Destination City	
Air Travel To Training	_____	_____	_____	
Air Travel From Training	_____	_____	_____	
Auto Travel To Training	_____	_____	_____	
Auto Travel From Training	_____	_____	_____	Total
Actual Mileage Traveled	_____ Miles @ .54 Cents/Mile			\$ -
Airfare Cost - Receipt Required				\$ _____
Rental Car Fare				\$ _____
Taxi or Bus Fare				\$ _____

Meals

Date _____

Detailed Receipts Required (during overnight conferences ONLY)

Breakfast	_____	_____	_____	_____	_____	_____	_____	
Lunch	_____	_____	_____	_____	_____	_____	_____	
Dinner	_____	_____	_____	_____	_____	_____	_____	
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ -

Lodging

Date _____

Receipts Required

Room	_____	_____	_____	_____	_____	_____	_____	
Parking	_____	_____	_____	_____	_____	_____	_____	
Total	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ -

Other

Date _____

Receipts Required

_____	_____	_____	_____	_____	_____	_____	_____	
_____	_____	_____	_____	_____	_____	_____	_____	

Total Reimbursement Request \$ -

Charge to Budget Line Item Number: _____

I certify that the expenses listed were incurred personally by me for the purpose stated, I have not been reimbursed from any other source for any of the expenses listed, and this request is correct to the best of my knowledge.

Signature of Attendee

Date

Department Head/Elected Official Signature

Date

Claims must be submitted within 90 days. All receipts must be attached to the Travel Voucher for reimbursement.