

Bandera County, Texas Business Travel Voucher

Elected Official/Employee

Name _____

Department _____

Seminar, Conference, or School

Title _____

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 @ .555 Cents/Mile			_____
Airfare Cost - Receipt Required				\$ _____
Rental Car Fare				\$ _____
Taxi or Bus Fare				\$ _____

Meals

Date _____

Receipts Required

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.