



CAMERON COUNTY AUDITOR'S OFFICE

REQUEST FOR ADVANCE AGAINST TRAVEL EXPENSES

Date: _____

The following is a request to release an Imprest Check for Travel approved by Commissioners Court.

PLEASE ISSUE AN IMPREST CHECK PAYABLE TO: _____

IN THE AMOUNT OF: _____

\$

Expected Travel Costs:

Mileage:

Total Mileage: _____ \$ _____
(Current IRS Reimbursable Rate)

Lodging Costs:

Number of Days _____ \$ _____
(amount as approved by Commissioners Court and/or based on travel destination allowed by Travel Policy)

Meals:

Number of Days _____ \$ _____
(Per Diem Rates @ \$45/day; First & Last Travel Day @ 75% or \$33.75)

**Total Other Expenses as
Approved by Commissioners
Court:**

\$ _____

\$ _____

\$ _____

\$ _____

Travel Dates _____

Destination _____

Purpose of Travel _____

Commissioners Court Approval Date _____

I HEREBY REQUEST A TRAVEL ADVANCE AGAINST FUNDS WITHIN THE DEPARTMENT'S TRAVEL BUDGET OF WHICH I AM ACCOUNTABLE.

Department Head

Account Number

Check No.