

**DeWitt County, Texas  
Travel Expense Report**

**EMPLOYEE NAME & DEPT:** \_\_\_\_\_

**PURPOSE OF TRAVEL:** \_\_\_\_\_

\_\_\_\_\_

DESTINATION	DEPARTURE DATE	RETURN DATE

\_\_\_\_\_ **OVERNIGHT @ \$68.00**  
\_\_\_\_\_ **OR**  
\_\_\_\_\_ **ACTUAL MEAL RECEIPTS**

**PRIVATELY OWNED VEHICLE** \_\_\_\_\_ **MILES @ \$0.70/MILE**

**LODGING EXPENSE** \_\_\_\_\_

**AIR TRAVEL** \_\_\_\_\_

**CONFERENCE REGISTRATION FEES OR DUES** (If Not Already Paid) \_\_\_\_\_

**INCIDENTAL EXPENSES (EXPLAIN):** \_\_\_\_\_

**TOTAL ALL EXPENSES** \_\_\_\_\_

**LESS ADVANCE RECEIVED** (If applicable) \_\_\_\_\_ ( \_\_\_\_\_ )

**DIFFERENCE:** \_\_\_\_\_

Date Received by Treasurer: \_\_\_\_\_ Amount Due County, if Negative \_\_\_\_\_

Deposit Receipt Number: \_\_\_\_\_ Amount Due Employee, if Positive \_\_\_\_\_

**CERTIFICATION BY EMPLOYEE**

Any unused funds that were advanced to me shall for the purpose of attending the seminar be delivered to the County Treasurer in the manner as described in the personnel manual. In the event I fail to attend this seminar, I will refund all associated costs to DeWitt County. If I cannot return these costs, I hereby authorize DeWitt County to deduct the amount due from my salary at the next available payday as long as I receive minimum wage for all hours worked. If there is not enough pay to cover these costs in my paycheck, I agree that the costs shall be deducted from future paychecks. If there are association monetary provisions for the same purpose connected to the seminar, all money received by me will be delivered to the County Treasurer in the manner described above and deducted from pay if necessary. Failure to return any unused funds to the County within five working days will forfeit my right to receive any future travel advances. I certify that the expenses as shown on this travel expense report are true and correct statements of expenses incurred by me while traveling on official county business.

\_\_\_\_\_  
Signature of Person Submitting Report

**CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD**

I certify that the above named employee received proper authorization for county travel. I have examined the expenses and approve this report for appropriate action by the auditor and treasurer of DeWitt County, Texas.

\_\_\_\_\_  
Signature of Official or Department Head

## TRAVEL EXPENSE REPORT

### INSTRUCTIONS - PLEASE REVIEW

This is the most current DeWitt County Travel Expense Report and should be utilized in claiming allowable expenses. A **REQUISITION** is required for all travel expense reports, including but not limited to an advance or actual; and the department must have available funds. Once entered, this report and all supporting documentation should be forwarded to the County Auditor's office. If the employee is not a vendor, a new vendor packet will also need to be requested before submission.

**ADVANCE:** Payment given to employee prior to the actual scheduled trip. May submit travel expense report to Auditor's office two weeks before departure.

**ACTUAL:** Actual travel expense reports are to be completed even if an advance was submitted. May also be used as request for reimbursement of actual travel expenses incurred. Failure to submit an actual or return any unused funds, if any, to the County within five (5) working days will forfeit the right to receive any future travel advances.

**EMPLOYEE NAME & DEPT:** Enter First Name, Last Name & Department.

**PURPOSE OF TRAVEL:** Enter detailed purpose for travel. Must submit an agenda or registration as supporting documentation.

**DESTINATION:** Enter Name of Hotel and City, State.

**DEPARTURE DATE:** Enter the date you will be leaving.

**RETURN DATE:** Enter the date you will be returning.

**OVERNIGHT ACCOMMODATIONS OR ACTUAL MEAL RECEIPTS:** Enter the number of days staying overnight or check mark actual meal receipts. For trips away from home overnight, an employee will be reimbursed for meals based upon actual expenses or, at the allowable IRS per diem rate. If an employee wishes to claim the per diem rate, submission of receipts is not required. DeWitt County will not reimburse for meals on non-overnight stays. The County will pay for an overnight stay the day before a conference or training, only if traveling on the 1st day of the event would create a hardship to the employee. The County will not pay for an overnight stay on the day the conference ends. The employee is responsible for any and all charges due to a no show or cancellation deadline not met and will not be reimbursed.

**PRIVATELY OWNED VEHICLE:** An employee using a privately owned vehicle for allowable travel will be reimbursed at the standard allowable IRS rate per mile. Mileage should be calculated starting from the office address to the conference address using Google Maps. A copy of the map used to determine mileage must be included with the reimbursement request.

**LODGING EXPENSE:** For Advances, a copy of the reservation for lodging is required. For Actuals, original itemized lodging receipts are required. Third party hotel vendors are not accepted (i.e. booking.com, hotel.com, etc.) DeWitt County is not exempt from the Hotel Occupancy Tax. Should this tax be charged to an employee, it will be reimbursed. Employee should stay at the host hotel. In the event the host hotel is unavailable, hotel rates should be comparable in cost.

**AIR TRAVEL:** Travel outside of Texas requires prior approval of the Commissioner's Court at least 30 days before the departure date of the trip. If purchasing airfare, the travel cancellation policy shall be purchased. If no policy is purchased the employee or Official is responsible for the lost airfare in the event of cancellation. Proof of purchased ticket is required.

**CONFERENCE REGISTRATION FEES OR DUES:** For Actuals, if conference registration fees or dues need to be reimbursed. Original receipt must be provided.

**INCIDENTAL EXPENSES:** Employees will be reimbursed for the actual cost of allowable incidental business expenses incurred during official travel upon presentation of receipts. These expenses may include taxi fares, parking fees and toll way fares. Original receipt(s) are required.

**TOTAL ALL EXPENSES:** Enter total of all expenses.

**LESS ADVANCE:** Enter amount received for advance. Applies only when completing an Actual.

**DIFFERENCE:** This amount is the difference between the travel advance and actual. If the amount is negative, funds should be deposited with County Treasurer. If applicable, enter Receipt (R000XXXX) and the date deposited. If the amount is positive, the County owes the employee. Zero reports should still be completed and submitted.

**CERTIFICATION BY EMPLOYEE:** Employee should review and if agreed, sign. If it is the Official or Department Head that is making the request, a signature is required here as well.

**CERTIFICATION BY OFFICIAL OR DEPARTMENT HEAD:** Review and approve. Must be signed by official or department head.