Attachment A

JEFFERSON COUNTY, TEXAS
TRAVEL EXPENDITURE CLAIM FORM

Traveler's Name: _____ **Department:** _____

REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICIAL BUSINESS:

Date	Description of Items (Include Only Such Items For Which Receipts Are Attached)	Lodging		Meals		Transportation		Miscellaneous	
	*ATTACH CASH ADVANCE								
Subtotals		$		$		$		$	
Total Travel								$	
Less: Cash Advance								$	
Amount Due To (Payable From) Traveler								$	

Purpose of Travel: _____

Place of Departure: _____ **Destination:** _____
Time of Departure and Date: _____ **Time of Return and Date:** _____
Department: _____ **Expenditure Account #** _____

The undersigned hereby certifies that expenditures as listed hereof were incurred while on official County business only, and that such items were actually paid by him/her in cash and he/she has not received reimbursement thereof or for any part thereof **(if Travel Cash Advance was received, a copy of such cash advance is attached).**
Traveler's Signature: _____ **Date:** _____ **Title:** _____

Department Head/Designee Authorization for Reimbursement
Signature: _____ **Date:** _____ **Title:** _____