

Anderson County Auditor's Office  
 Attn: Account Payable  
 703 North Mallard, STE 110  
 Palestine, Texas 75801



*Please note: registration requests are processed upon receipt. Checks for per diem/lodging are issued on the Commissioner's Court date immediately preceding the first date of travel.*

**TRAVEL ADVANCE REQUEST FORM**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Department: \_\_\_\_\_ Fund: \_\_\_\_\_  
 (Auditors use only)

**Detail of Travel Advance Request:**

- Purpose of Travel: \_\_\_\_\_
- Date(s) of Travel: \_\_\_\_\_ Location: \_\_\_\_\_

**Estimated Expenses:**

<ul style="list-style-type: none"> <li>• Transportation:</li> </ul>	Automobile _____ miles x _____ per mile	\$ _____
	Air fare	\$ _____
<ul style="list-style-type: none"> <li>• Lodging:</li> </ul>	Hotel Name: _____	
	# of days _____ x rate charged _____ (include tax)	\$ _____
<ul style="list-style-type: none"> <li>• Per diem:</li> </ul>	<i>TBD according to current federal rates</i>	\$ _____
<ul style="list-style-type: none"> <li>• Registration, Tuition or Fees:</li> </ul>		\$ _____
<ul style="list-style-type: none"> <li>• Other:</li> </ul>		\$ _____

**Total Amount Requested** \$ \_\_\_\_\_

**Authorization:**

Authorization for travel allowance advance in the amount of \$ \_\_\_\_\_ is granted to \_\_\_\_\_ (Name) for the reason(s) stated above. Employee understands that proper documentation of actual travel expenses incurred must be reported as required upon return to work; and if actual expenses are less than the advance, the difference must be refunded upon the employee's return.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Original to Auditor's Office; Copy retained by Supervisor; Copy to Personnel File.

*\* Allowances will be granted upon proof of the time (dates), place, and business purpose as required by the IRS. Please attach a copy of the agenda and a copy of Google maps detailing your route, if applicable.*