

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:** _____