WEBB COUNTY PAYROLL ADVANCE IN ANTICIPATION OF A TRAVEL CLAIM

EMPLOYEE / DEPARTMENT INFORMATION:

Employee Name _____

Assigned Vendor # _____ Employee ID # _____

Address _____

Department _____

Request Prepared By _____

GL Account Number _____

Request Total $ 0.00

TRAVEL DETAILS:

Conference Name / Travel Description / Objective:

_____

_____

_____

Location _____

Number of departmental employees on trip? _____

Registration Purchase Order (PO)# _____

Departure Date _____ Time _____

Return Date _____ Time _____

Will airline flight be involved in this travel? _____ If yes, provide Air Travel PO# _____

Will a rental vehicle be used in the travel? _____ If yes, provide Rental vehicle PO# _____

Will a County vehicle be used in the travel? _____ If yes, provide Vehicle Unit Number _____

Note: Proof of Completed course must be remitted.

MEALS: *Non-overnight meals are paid through payroll.*

_____ Breakfasts @ $10 each = $ 0.00

_____ Lunches @ $14 each = $ 0.00

_____ Dinners @ $16 each = $ 0.00

TOTAL $ 0.00

LODGING:

Lodging costs in excess of $50 per night require a detailed receipt. Receipt must be presented within five (5) business days from return of trip to the County Auditor .

Hotel Confirmation # _____

____ night(s) on trip at $ _____ **rate** per night = $ 0.00

____ night(s) on trip at $ _____ **taxes** per night = $ 0.00

TOTAL $ 0.00

MILEAGE INFORMATION: *Refer to Mileage Table*

Round trip from Laredo to _____

_____ miles at 57.5 cents per mile =

TOTAL $ 0.00

OTHER EXPENSES (Receipts Required):

_____ $ _____

_____ $ _____

_____ $ _____

TOTAL $ 0.00

TOTAL TRAVEL ADVANCE $ 0.00

AFFIDAVIT / AUTHORIZATION BY CLAIMANT

I hereby certify that the information contained on this form is true and correct. I hereby agree to provide to the County Auditor documentation of the actual expenditures for the funds advanced pursuant to this form. I agree that I am personally responsible for any funds advanced but not properly expended for this travel. I agree to repay any funds for which I fail to provide documentation within five (5) business days of the date of return as given on this form. I further certify that if I am reimbursed for any portion of this travel advance through a scholarship, association, gift, state or other entity; an amount equal to the reimbursement or gift shall be reimbursed to the County. I authorize Webb County to deduct from my wages any expenses for which I have neither provided documentation nor repaid by the deadline.

_____	_____	_____
Claimant's Printed Name	**Signature of Claimant**	**Date**

DEPARTMENT HEAD AFFIDAVIT TO THE COUNTY AUDITOR

I hereby certify that the travel described above is true, correct and necessary to conduct official. Webb County business. I further certify that this travel has not been or will be requested for reimbursement by any other entity.

_____	_____	_____
Department Head's Printed Name	**Signature of Department Head**	**Date**

AUDITORS USE ONLY

Form AP01 Revised 01/20

Class CPE/LPE/Certificate Received on:

Receipt(s) Received on: