



WEBB COUNTY

Business Office

Travel Advance Claims

Travel advances are payments made before a trip takes place. Travel advances will be allowed for travel meal expenses or foreign per diem (lodging and meals) unless an exception is granted for other expenses. Departments should submit the cash advance request to Accounts Payable in advance before the beginning of the trip.

A Travel Claim should have the following information:

- Employee Contact Information
- GL Account
- Travel Details
- Departure and return dates and time
- Per Diems (Meals)
- Lodging Information (with proper documentation)
- Mileage Information
- Other Expenses (if applicable)
- Signature of Claimant and Department Head with their respective dates

This type of claims are to be entered manually as follows:

- Functional Department
- Vendor Number
 - A vendor profile should be created for the employee.
- Date & Due Date
 - Apply date when the Department Head approved the travel.
- Item
 - Administrative Travel
- Description
 - “Travel to (Destination)”
- Amount
 - Amounts are to be verified by using mathematical accuracy of all the items (Per Diems, Lodging, and/or Mileage).
- G/L Account
- Invoice Number
 - Departure date of the travel (MMDDYY)

Travel Claim Voucher



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

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

_____ Breakfasts @ \$10 each =	\$ <u>0.00</u>
_____ Lunches @ \$14 each =	\$ <u>0.00</u>
_____ Dinners @ \$16 each =	\$ <u>0.00</u>
TOTAL	\$ <u>0.00</u>

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.

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 =	\$ <u>0.00</u>
_____ night(s) on trip at \$ _____ taxes per night =	\$ <u>0.00</u>
TOTAL	\$ <u>0.00</u>

MILEAGE INFORMATION: *Refer to Mileage Table*

Round trip from Laredo to _____
 _____ miles at 56 cents per mile =
TOTAL \$ 0.00

OTHER EXPENSES (Receipts Required):

_____	\$ _____
_____	\$ _____
_____	\$ _____
TOTAL	\$ <u>0.00</u>

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 01/21

Class CPE/LPE/Certificate Received on:

Receipt(s) Received on:

Per Diems

Per Diem is all inclusive and may be claimed by employees traveling and conducting official Webb County business, depending on departure and arrival times as shown below. If the cost of a meal exceeds the amount provided, the actual amount expended may be reimbursed if it is determined by the appropriate County department as per statute and policy to be necessary to conduct official Webb County business. Supporting documentation must provide the name of the person(s) for whom the meal was provided and a brief description of the official Webb County business discussed. The cost of alcoholic beverages will not be reimbursed. When travel does not require an overnight stay, per diem payments are taxable according to the IRS Tax Code and will be processed through the payroll system.

Breakfast is paid at \$10 per day beginning with the day of departure if departure is before 7:30 A.M. and for every day of official travel including the day of return if arrival is after 10:00 A.M.

Lunch is paid at \$14 per day beginning with the day of departure if departure is before 11:00 A.M. and for every day of official travel including the day of return if arrival is after 1:00 P.M. -

Dinner is paid at \$16 per day beginning with the day of departure if departure is before 6:00 P.M. and for every day of official travel including the day of return if arrival is after 6:00 P.M.

Mileage will be paid at the rate approved by the IRS effective on the day approved by the appropriate County department as per statute and policy (currently \$_____ mile) directly to and from the destination when a personal vehicle is used, unless other requirements are dictated by a Grant Agency. Mileage will be calculated using the official map of The Texas Department of Transportation. An individual or department will not be allowed to receive County travel funds when funds for the same travel are provided by another source. Reimbursement will be allowed for travel within Webb County if such travel is necessary for the furtherance of County business. Verification of miles traveled and an explanation of the necessity for such travel will be required in order to obtain reimbursement.

Vehicle Rental requests shall be made to the Purchasing Agent by providing the names of people who will be using the rental vehicle and a statement of reasons why the vehicle rental is necessary. Mileage expenses will not be paid when a rental vehicle is used although reimbursement is available for fuel, road tolls, and other expenses associated with the vehicle rental.

Airfare Expenses will be paid by the County when documentation of the cost is provided along with verification of the travel. The cost of airline tickets advanced by the County will not be considered a county expense if not used and the funds advanced must be returned to the county.

Hotel Expenses will be paid at the rate of \$50 per night or at actual cost when the cost is verified with a lodging receipt. Reimbursement shall be only for the cost of lodging (room plus taxes) and not for personal expenses.

Parking Charges, road tolls, and charges for telephone calls and faxes related to County business are reimbursable only if they are supported with proper receipts.

Per Diems Items

Description	Quantity	Unit Of Meas...	Price per Unit	Total Price
+ Administrative Travel - BREAKFASTS	4.0000	Each	\$10.00	\$40.00
+ Administrative Travel - LUNCH	4.0000	Each	\$14.00	\$56.00
+ Administrative Travel - DINNER	4.0000	Each	\$16.00	\$64.00
+ Administrative Travel - LODGING	3.0000	Each	\$169.00	\$507.00
+ Administrative Travel - TAXES AND FEES	3.0000	Each	\$10.74	\$32.22
+ Administrative Travel - RESORT FEES	3.0000	Each	\$10.00	\$30.00
+ Administrative Travel - FUEL	1.0000	Each	\$60.00	\$60.00