STARR COUNTY AUDITOR'S OFFICE
TRAVEL ADVANCE FORM

CLAIMANT
LEGAL NAME: _____ VENDOR NO: _____

ADDRESS: _____ REQUEST DATE: _____

_____

PROOF	PURPOSE OF CLAIM	AMOUNTS
❑	Conference Name: _____	$ _____
❑	Travel Dates: _____ /_____ /_____ to _____ /_____ /_____	
	Hotel: _____ days, _____ nights @ $110.00 per night	$ _____
	Meals:	
	Breakfast $16.00 x _____	$ _____
	Lunch $19.00 x _____	$ _____
	Dinner $28.00 x _____	$ _____
	Incidentals $ 5.00 x _____	$ _____
❑	Mileage: _____, Texas to _____, Texas	
	Round Trip (_____ mi. x 2) = _____ mi. x $0.70 per mi. . .	$ _____
	TOTAL	$ _____

THE STATE OF TEXAS §
COUNTY OF STARR §

_____ , being first duly sworn, disposes as follows: I am the claimant in the foregoing claim and this said claim is true and correct.

X_____

Subscribed and sworn to before me by the said _____on this the _____ day of _____ of _____ to certify which witness my hand and seal of office.

_____
Notary Public **Starr County, Texas**

MUST BE FILLED IN BY DEPARTMENT HEAD

FUND NAME: _____

DEPARTMENT: _____

LINE-ITEM: _____

AMOUNT: _____

MUST BE APPROVED BY THE FOLLOWING:

_____
DEPARTMENT HEAD

_____
COUNTY JUDGE

_____
COUNTY AUDITOR