

**STARR COUNTY AUDITOR'S OFFICE
TRAVEL ADVANCE FORM**

CLAIMANT
LEGAL NAME: _____
ADDRESS: _____

VENDOR NO: _____
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 \$0.67 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