



STARR COUNTY, TEXAS

OFFICE OF THE COUNTY AUDITOR

LETICIA P. ALANIZ, COUNTY AUDITOR

Memorandum

To: County Officials, Department Heads, and Staff

From: Leticia P. Alaniz, County Auditor

Date: 01-14-2025

RE: Starr County Travel Rates – Mileage Per Diem

Effective January 13, 2025, Starr County has updated the 2025 travel rates for mileage.

Mileage

	2025 Rate
Rate per Mile (Use of Personal Vehicle - Official County Business)	\$.70

Meals

	2025 Rate
Breakfast	\$ 16.00
Lunch	\$ 19.00
Dinner	\$ 28.00
Incidentals	\$ 5.00

Hotel Advance

	2025 Rate
Lodging (per Overnight Stay – Official County Business)	\$ 110.00

If the actual charge for the room rate plus applicable taxes, exceeds advance, traveling employee must submit a claim accompanied by proper documentation to the County Auditor's Office to receive reimbursement in full.

When the actual charge for the room rate plus applicable taxes, etc. is less than advance, traveling employee must promptly refund the excess to the County Treasurer's Office and submit an adjust claim with proper documentation to the County Auditor's Office.

STARR COUNTY AUDITOR'S OFFICE TRAVEL ADVANCE FORM

CLAIMANT
LEGAL NAME: _____
ADDRESS: _____

VENDOR NO: _____
REQUEST DATE: _____

PROOF	PURPOSE OF CLAIM	AMOUNTS
<input type="checkbox"/>	Conference Name: _____	\$ _____
<input type="checkbox"/>	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 _____	\$ _____
<input type="checkbox"/>	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