

## TRAVEL ADVANCE REQUEST

Name:

Address:

Purpose & Destination of Travel:

Dates of Travel:

### ESTIMATED TRAVEL COST

Personal Auto (city to city only):

From:	To:	Miles
Total Miles		
Mileage Cost @ \$0.54 / mile		\$

Rental car (fuel only)	Estimated cost (attach calculation)	\$
Meals	Days @ rate set on the <a href="#">Federal Travel Rate</a> website or \$46/day	\$
Lodging	(may include hotel taxes) Days @ rate set on the <a href="#">Federal Travel Rate</a> website or \$85 (in-state) or \$89/day (out-of-state)	\$

Estimated Travel Expenses

#### Employee Certification

I hereby request a travel advance to cover my estimated travel expenses. I agree to comply with the State of Texas and OCA travel guidelines. I agree to file my travel reimbursement request within 5 days after the last day of travel on any trip which I request travel advance funds, and to assign the rights to the Travel Voucher to the Office of Court Administration up to the amount of the travel advance.

Employee signature		Date	
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#### Agency Approval

Authorized signature (Division Director/Supervisor)		Date	
Authorized signature (F&O Sr. Accountant or Deputy CFO/CFO)		Date	

#### Reconciliation

Check No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

Check No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Advanced and Payments to Employee \$ \_\_\_\_\_

Travel Vo. No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

Employee Ck. No. \_\_\_\_\_ Dated \_\_\_\_\_ Amount \$ \_\_\_\_\_

Total Reimbursements to Travel Advance Fund \$ \_\_\_\_\_