

TRAVEL ADVANCE REQUEST

Employee Name:	
Mailing Address:	
Purpose of Travel:	
Travel Destination:	
Dates of Travel:	

ESTIMATED TRAVEL COST

Personal Auto (itemize city to city only)		
From:	To:	Miles
Total Miles		
Total Mileage Cost @ \$0.535 / mile		\$

Rental car (fuel only)	(attach estimate calculation documentation)	\$
Meals	Days @ rate set on the Federal Travel Rate website or \$51/day	\$
Lodging (may include hotel taxes)	Days @ rate set on the Federal Travel Rate website or \$85 (in-state) or \$89/day (out-of-state)	\$

Total 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 \$ _____