

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 @ \$0.575 / mile		\$

Rental car (gas only)	Estimated cost of fuel for total trip	\$
Meals	Days @ rate set on the Federal Travel Rate website or \$46/day	\$
Lodging	Days @ rate set on the Federal Travel Rate website or \$85 (in-state) or \$83/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 \$ _____