

ZAPATA COUNTY TRAVEL CLAIM VOUCHER

Total Amt. _____
Line Item: _____

Purchase Order No. _____
Date Prepared: _____

Name: _____

S.S. # _____

Travel Description: _____

Contact Person:
Name: _____

Telephone # _____

This information contained in this form is true and correct.

Claimant Signature

Date

Department Head Approval: _____

Date & Time of Departure: _____

Date & Time of Return: _____

Number of County Employees attending this business function: _____

	Yes	No
Will a county vehicle be used in this travel?	_____	_____
Will a rental vehicle be used in this travel?	_____	_____

MILEAGE:

****Mileage will be based on current Federal Rates****

****Please provide a map from Zapata to destination**

Mileage at \$0.51 per mile (applies only to private vehicles)

Round trip from workplace to _____
Total round trip miles: _____ @ \$0.51/mile= _____

MEALS & INCIDENTAL EXPENSE FEDERAL RATE:

Meals & Incidental expenses shall be paid only if travel will be more than one day
First & last day will be paid at 75% of actual allowance

Number of days _____ @ _____ = _____

FEDERAL LODGING RATE:

Lodging will be provided at federal lodging rate only for actual overnight stays in commercial establishments.
Actual costs in excess of \$70.00 will be paid only with supporting documentation, (receipts).

Nights on trip _____ @ \$70.00 per night = _____

Hotel Rate _____ per night (with confirmation of hotel) = _____

TOTAL TRAVEL EXPENSES \$ _____