

# LIBERTY COUNTY

## Local Travel Expense Form

This form is for auditing purposes of local travel and reimbursement to officials or employees for use of their personal automobile. Proper completion of this form requires a detailed accounting of all travel. Incomplete forms are not accepted and will be returned to the official or employee.

### INSTRUCTIONS:

Complete and sign the following form in its entirety. If completing the form on a computer, you will not be allowed to print the form until all required fields are filled in. The county will only reimburse mileage at the current IRS rate. Employees and officials alike are required to plan local travel to achieve maximum economy and efficiency.

Reimbursement for local travel is made from actual odometer readings at the start and finish of each trip. **Failure to provide the beginning and ending odometer readings for each individual trip will result in rejection of the mileage reimbursement request.** Each trip must be recorded. The daily travel log must show destination points and at each department's discretion, any other information the department deems necessary to approve the claim such as street address, etc. Only the most direct distance to the destination will be allowed. Any out of the way travel distance will be at the expense of the official or the employee.

**A second page is provided if the number of trips exceeds the space available on the first page. If you need to utilize the second page, be sure to check the box at the bottom of the list on the first page to indicate the continued listing.**

This form must be submitted to the County Auditor within thirty (30) days of actual travel. Any request made after this time must be submitted to Commissioners' Court for approval.

Reimbursements due to the official or the employee will only be made after approval. A check will be issued and available for pick up the day after the County Auditor and the Commissioner's Court has approved the reimbursement.



# **LIBERTY COUNTY**

## **Local Travel Expense Form**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Date: \_\_\_\_\_

Department: \_\_\_\_\_

Purpose Of Travel: \_\_\_\_\_

**Note: Each trip must be listed separately.**

**PLEASE SEE SECOND PAGE FOR CONTINUED LISTING.**      Total Miles

\$

*"I hereby swear that the above is a true and correct report of use of my personal auto for official local county business travel and request reimbursement for the same."*

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

Department Head Approval:

**ACCOUNTING USE ONLY:**

Date Received:

Account #: Amount:

Vendor #: Check #: CA Approval:

# **LIBERTY COUNTY**

## **Local Travel Expense Form (Page 2)**

**Note: Each trip must be listed separately.**

### Total Miles