

# STATE OF TEXAS TRAVEL VOUCHER REQUEST

Pay To: (Name, Address City, State, Zip)

\_\_\_\_\_

Title: \_\_\_\_\_

Social Security # \_\_\_\_\_

Account Name \_\_\_\_\_

State destination and purpose of trip: \_\_\_\_\_

Date and Time of Departure

Date and Time of Return

\_\_\_\_\_

\_\_\_\_\_

Date Hour Min. AM/PM

Date Hour Min. AM/PM

Mode of Transportation:  Personal Auto  Comerical  Official vehicle

Passenger in personal auto of another state employee

Date	Meals	Allowable Lodging	Lodging Over Allow.	Lodg. Tax	Total	Date	Meals	Allowable Lodging	Lodging Over Allow.	Lodg. Tax	Total

Please note lodging expense over the amount allowed will be added to meal expense where possible.

### Other Travel Related Expense

\*Fares, Public Transportation, Rent Car \_\_\_\_\_ \* Collision Damage Waiver

\*Registration Fee \_\_\_\_\_ Meal Allowance included in Registration Fee \_\_\_\_\_

\*Parking Fees \_\_\_\_\_ Other (i.e. taxi, etc. Please list) \_\_\_\_\_

*\*Receipts required*

Advance received? Yes/No (circle) Amount \_\_\_\_\_

Date	Record of Transportation and Duties Performed	In-Town Mileage