



### Travel Expense Form

All travel, including registration, MUST be pre-approved.  
 The MAXIMUM reimbursement of allowable expenses per member is \$1,000.  
 State mandatory training and/or meetings may exceed the maximum reimbursement cap.

**BRAZOS VALLEY REGIONAL ADVISORY COUNCIL**

Date Issued: 8/7/2013

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

Date Revised: 1/7/19

Phone Number: \_\_\_\_\_ Agency: \_\_\_\_\_

Destination: \_\_\_\_\_

Purpose of Trip: \_\_\_\_\_

Mode of Transportation: \_\_\_\_\_

**OUT-OF-REGION TRAVEL EXPENSE STATEMENT**

A. Departure Date/Time: \_\_\_\_\_ Return Date/Time: \_\_\_\_\_

B. Odometer Reading Begin: \_\_\_\_\_ Odometer Reading End: \_\_\_\_\_

Mileage: \_\_\_\_\_ miles **X** \_\_\_\_\_ \$ \_\_\_\_\_

C. Lodging Cost (Attach hotel receipts) \$ \_\_\_\_\_

D. Meals ("Quarters" GSA rates or \$45/day) \$ \_\_\_\_\_

E. Airfare (Attach travel itinerary and boarding passes) \$ \_\_\_\_\_

F. Conference Fees \$ \_\_\_\_\_

G. Other Expenses \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

Total: \_\_\_\_\_ \$ \_\_\_\_\_

Requested By: \_\_\_\_\_

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