BURNET COUNTY TREASURER
RECEIVED
JUL - 8 2026
KC
KARRIE CROWNOVER

BURNET COUNTY REQUEST FOR TRAVEL EXPENSE

NAME OF EMPLOYEE SUBMITTING REQUEST: Camilla Cuthirth DEPT: _____

PURPOSE/DATE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED) 2024 TCDLA Rusty Duncan Conf

NOTE: IN ORDER TO RECEIVE AN ADVANCE ON TRAVEL EXPENSES, THIS FORM MUST BE COMPLETED AND SUBMITTED TO THE COUNTY TREASURER AT LEAST THREE DAYS PRIOR TO DATE OF DEPARTURE. UPON RETURN TRAVEL EXPENSE REPORT MUST BE COMPLETED WITH RECEIPTS ATTACHED AND SUBMITTED TO THE COUNTY TREASURER ALONG WITH ANY REFUND DUE THE COUNTY.
APPROVED CC 10/8/24
A MAXIMUM OF $63.00 PRORATED PER DIEM PER DAY ALLOWED FOR MEALS (EFFECTIVE 10/8/24).
BREAKFAST 6:30AM-7:30AM=$16.00, LUNCH 12:00PM-1:00PM=$19.00, DINNER 7:00PM-8:00PM=$28.00

I AM REQUESTING MEAL PER DIEM ✓ (NO MEAL RECEIPTS REQUIRED) ONLY

I AM NOT REQUESTING MEAL PER DIEM _____ (MEAL RECEIPTS REQUIRED)

ESTIMATED MEALS AND LODGING:

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING SEC 14.03 PERSONNEL POLICIES	DAILY TOTAL
*Do NOT include lunch or dinner meals provided by conference and/or sponsor					
6/16		19.00	provided	158.69	177.69
6/17	16	provided	28.00	84.87	128.87
6/18	provided	19.00	28.00	84.87	131.87
6/19	provided	19.00	28.00	258.46	305.46
6/20	provided	19.00			19
		TOTAL ESTIMATED MEALS AND LODGING			$ 762.83

ESTIMATED TRAVEL & TRANSPORTATION:

PUBLIC TRANSPORTATION: _____ $ _____

PERSONAL AUTO _____ MILES @ .70 cents per mile (SHORTEST ROUTE) effective 01/01/25 $ _____

TOTAL ESTIMATED TRAVEL & TRANSPORTATION $ 0

ESTIMATED OTHER EXPENSES:

CONFERENCE REGISTRATION EXPENSE (ATTACH INFORMATION): $ _____

OTHER EXPENSE (EXPLAIN IN DETAIL): parking @hotel 6-19 $ 41.25

TOTAL ESTIMATED OTHER EXPENSES $ 41.25

TOTAL TRAVEL EXPENSE ADVANCE REQUESTED (Reimbursement) $ 804.08

THE ABOVE NAMED EMPLOYEE IS HEREBY AUTHORIZED TO SUBMIT THIS TRAVEL EXPENSE ADVANCE FORM FOR THE PURPOSES STATED.

Michelle Moore
SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

P.O. # n/a
Acct. # 100-4800-4270
Audit
Input

TO BE COMPLETED IMMEDIATELY
UPON RETURN.

BURNET COUNTY TREASURER
RECEIVED
JUN 25 2026
KARRIE CROWNOVER

BURNET COUNTY TRAVEL EXPENSE REPORT

NAME OF EMPLOYEE: Michelle Moore DEPT: Pub Def

PURPOSE OF TRAVEL (COPY OF AGENDA MUST BE ATTACHED): CLE - Rusty Duncan

DESTINATION: San Antonio, TX DEPARTURE DATE/TIME: 6/16/26 RETURN DATE/TIME: 6/20/26

MEALS - Employees or officials traveling outside of the county may be reimbursed meal expenses. A maximum of $50.00 prorated per diem per day allowed for meals. Breakfast 6:30AM to 7:30AM=$10.00, Lunch 12:00PM to 1:00PM=$15.00, Dinner 7:00PM to 8:00PM=$25.00. Per diem travel - no receipts required. Non Per Diem travel - receipts required.

LODGING - Reimbursement for lodging shall be made, upon presentation of a room receipt, for actual expenses and will be paid upon approval of the Department Head. For official conferences, conventions, seminars and other such official functions, reimbursement will be made at the actual rate charged by the basic hotel or overflow hotel where the meeting is held, upon presentation of room receipt.

DATE	MORNING MEAL	NOON MEAL	EVENING MEAL	LODGING	DAILY TOTAL
6/17/26	—	—	25.00	244.11	269.11
6/18/26	10.00	—	21.65	244.11	275.76
6/19/26	9.62	15.00	20.83	244.11	289.56
6/20/26		15.00			15.00
				TOTAL MEALS AND LODGING	849.43

TRAVEL AND TRANSPORTATION:

PUBLIC - (ATTACH TICKET RECEIPT) $ _____

PERSONAL AUTO 397 MILES @ ~~.565~~ .725/mi (SHORTEST ROUTE) effective 01/01/13 $ ~~224.35~~ 287.83

OTHER TRAVEL AND TRANSPORTATION EXPENSE (EXPLAIN AND ATTACH RECEIPT(S) parking $ 139.51

TOTAL TRAVEL & TRANSPORTATION ~~363.86~~ 427.34

OTHER EXPENSES:

CONFERENCE REGISTRATION FEES (ATTACH RECEIPT & COPY OF PROGRAM) $ 260

OTHER EXPENSE (EXPLAIN AND ATTACH RECEIPTS) _____

TOTAL OTHER EXPENSES 260.00

TOTAL MEALS/LODGING-TRAVEL-OTHER EXPENSES ~~1473.29~~ 1536.77
LESS: TOTAL ADVANCE ON EXPENSES —
LESS: TOTAL EXPENSES PAID WITH CO CREDIT CARD —
REQUEST FOR REIMBURSEMENT OR DUE TO COUNTY ~~1473.29~~ 1536.77

I CERTIFY THAT THE ABOVE NAMED EMPLOYEE RECEIVED PROPER AUTHORIZATION FOR OUT-OF-COUNTY TRAVEL. I HAVE EXAMINED THE REQUESTS FOR REIMBURSEMENT ON THE TRAVEL EXPENSE FORM AND APPROVE THE SAME FOR PAYMENT.

Michelle Moore
SIGNATURE OF OFFICIAL OR DEPARTMENT HEAD

P.O. # n/a
Acct. # 100-4800-4270
Audit JO
Input