



HIDALGO COUNTY, TEXAS
OUT - OF - COUNTY
FINAL TRAVEL EXPENSE CLAIM

PO
691082

EMPLOYEE NAME: RENE GUERRA DEPARTMENT: District Attorney
 TRAVEL TO CITY: RANCHO VIEJO STATE: TX
 DEPARTURE DATE: 4/10/2013 RETURN DATE: 4/12/2013
 TIME OF DEPARTURE: 11:00 AM TIME OF RETURN: 12:00 PM

PURPOSE OF TRIP: BPU REGION 3 MEETING

I. REIMBURSEMENT FOR EXPENDITURES MADE ON ACCOUNT OF OFFICE BUSINESS:

DESCRIPTION OF TRIP	DATES OF TRAVEL FOR YEAR						TOTALS
	4/10	4/11	4/12	4/13	4/14	4/15	
Airline / Bus / Train							\$.
Car Rental							
Gasoline for Car Rental							
Personal Car Mileage	Beginning Mileage:	18,321	Ending Mileage:	18,535	TOTAL MILEAGE:	(MILEAGE RATE)	214 0.555
ODOMETER READINGS:					211.24		119.35 120.91
Hotel (Excluding Meals)	91.16	91.16	<i>pd for Dale Booth Hotel</i>				182.32
Parking / Tolls							
Taxi and Other Ground Transportation							
Telephone							
Registration Fees							
MEALS (based upon actual charges)	NOTE: When traveling out of state trip and claiming actual meal expenses, receipts must be provided for all days of travel. If not reimbursement will be based on the \$39 per diem.						
Type of Travel (In State =1 /Out of State =2)	1						
With Receipts = 1 / Without Receipts = 2	2	2	2				
Breakfast (\$9 per diem)		9.00	9.00				
Lunch (\$12 per diem)	12.00	12.00	12.00				
Dinner (\$18 per diem)	18.00	18.00					
Total Actual Meal Expense	30.00	39.00	21.00				
Total Allowable Meal Expense per County Policy (County Employee)	30.00	39.00	21.00				90.00
Other (Please explain below):							

II. Travel Expenditures paid by COUNTY CHECK or COUNTY CREDIT CARD that were NOT advanced to employee. (i.e. Airfare, Hotel accommodations, Car Rentals, Registration)				TOTAL FROM T-4 CONTINUATION FORM	
Payee Name	Expense Type	Check No./ PO. No.	Amount	TOTAL ALLOWABLE EXPENDITURES	\$ 393.23
				AMOUNTS ADVANCED TO EMPLOYEE ON:	
				TRAVEL EXPENDITURES PAID BY COUNTY CK OR COUNTY CREDIT CARD NOT ADVANCED TO EMPLOYEE	\$ 393.23
				REMIT TO ME	
				REMITTED TO COUNTY TREASURER ON	
Total			\$	TREASURER RECEIPT NO.	\$ 0.00

I hereby certify that the above information is true and correct to the best of my knowledge. The above funds were used solely for official County business. I have not and do not anticipate to receive reimbursement for the above listed travel expenditures from another source.

EMPLOYEE SIGNATURE: [Signature] DATE: 4/18/2013
 APPROVED BY: [Signature] FOR RENE GUERRA DIVISION DIRECTOR/SUPERVISOR DATE: 4/18/2013
 APPROVED FOR PAYMENT BY: [Signature] FOR RENE GUERRA DEPARTMENT HEAD
 3-1281-412-00-080-012-2-583 GENERAL LEDGER ACCOUNT NUMBER