ELEC#05491
05/2006

VOTER REGISTRATION TRAVEL FORM

Chapter 19 Purchase Voucher Must Be Attached
(All blanks must be completed)
_____ COUNTY

CHECK ONE:

_____ I am requesting advance-travel approval. Actual cost with receipts must be filed within 30 days of trip completion. Advance travel funds requested? _____YES _____ NO

_____ I am requesting actual expenses reimbursement. All receipts must be attached to actual travel.

PLEASE TYPE THE FOLLOWING:

DATE _____ / _____ / _____

COUNTY_____ TELEPONE _____

TRAVELER'S NAME _____ TRAVELER'S TITLE _____

PURPOSE OF TRIP _____

DESTINATION: CITY _____ STATE _____

DEPARTURE DATE _____ / _____ / _____ RETURN DATE _____ / _____ / _____

TRAVEL COSTS		SOS Use Only
AIRFARE (receipt required)	$_____	$ _____
AUTO RENTAL (receipt required)	$_____	$ _____
MILEAGE (_____miles at .44.5 per mile, pursuant to official state mileage guide)	$_____	$ _____
MEALS (maximum $36 per day; COMPLETE WORKSHEET ON REVERSE)	$_____	$ _____
HOTEL (maximum $85 per day plus applicable taxes, receipt required)	$_____	$ _____
REGISTRATION FEE (receipt required)	$_____	$ _____
MISCELLANEOUS (taxi, parking, etc., receipt required)	$_____	$ _____
TOTAL COST	$_____	$ _____
(LESS ADVANCE RECEIVED, IF ANY)	$_____	$ _____
NET COST/SURPLUS	$_____	$ _____

I understand reimbursement will be made for the authorized mode of travel only and all estimated expenses are reasonable or actual expenses accurate.

_____ _____ Date_____ / _____ / _____
SIGNATURE/Traveler SIGNATURE/Voter Register

SECRETARY OF STATE USE ONLY – TRAVEL REIMBURSEMENT REQUESTED

TOTAL TRAVEL EXPENSES (ADVANCE/ACTUAL) $ _____

DATESENT TO COMPTROLLER_____SOS REQUEST# _____

DATE WARRANT MAILED TO COUNTY _____WARRANT _____

WARRANT _____

Elections Approval:_____ Date:_____ / _____ / _____

Please retain a copy of this form for your records.
(SEE REVERSE)

Please Return to: Secretary of State, Election Funds Management, P. O. Box 12060, Capitol Station, Austin, Texas 78711-2060 or fax to (512) 463-7552

MEAL EXPENSE ITEMIZATION WORKSHEET
(To be completed for actual costs only)

Claims may not exceed $36 per day for in-state travel. (The maximum amount may be lighter for out-of-state travel.)

Only actual costs of meals may be claimed. Receipts are not required.

Claims must not include; alcoholic beverages, tips, or expenses for any person other than the Chapter 19 traveler.

	Breakfast	Lunch	Dinner	Other	Daily Total (max. $36)	
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
Date_____	$_____	$_____	$_____	$_____	$_____	$_____
TOTALS	$_____	$_____	$_____	$_____	$_____	$_____

I certify that the meals expenses itemized do not include any charges for alcoholic beverages or for tips, and that all meals expenses claimed were for my personal consumption.

_____ Date_____ / _____ / _____
SIGNATURE/Traveler