

Cameron County Commissioners' Court

Agenda Travel Form

No. _____

Date: _____ Meeting Date Request: _____
Department: _____ Contact Person: _____
Phone: _____ Fax: _____
Department Head Name: _____ Signature: _____

Person (s) traveling:

Location:

Date:

Purpose:

Justification: *(Briefly summarize your request, if needed use separate sheet(s) or attach supporting documentation, Information should include whether travel is mandatory and what benefits for the county are achieved from the travel)*

Mandatory

Non-Mandatory

Continuing Education: *(Summarize individual annually education credit hours and amount of credits obtained)*

Continued Credit Education Required Annually: _____

Amount of Credit Education obtained to date: _____

Amount of Credit that will be obtained from travel under this request: _____

Expenses: *(Briefly summarize expenses associated with request i.e. hotel, meals, mileage, car rental, and airline)*

Hotel:

Meals:

Mileage:

Car Rental:

Air Fare:

Registration Fee:

Total:

PLEASE FILL IN ALL BLANKS WITH REQUIRED INITIALS AND FISCAL DATA INFORMATION OR PLACE N/A IF IS NOT APPLICABLE:

County Judge _____ Auditor _____ Budget _____ Legal _____ Human Resources _____ Purchasing _____

Fiscal Data:

Funds From:

Dept. Name: _____ Fund No. _____ Department: Yes ___ No ___ Amt. Expended : \$ _____

Funds Available: Yes ___ No ___ General: Yes ___ No ___ Impact on future budget: Yes ___ No ___

Grant: Yes ___ No ___

Comments:

Action taken by Commissioners' Court

Approved _____ Tabled _____ Denied _____ Motion made by _____ Seconded _____ Vote _____