# TRAVEL CERTIFICATION

Rev (04/10)

Texas Department of Public Safety
Division of Emergency Management

You will be reimbursed your travel costs for attending this seminar at rates established by the State Travel Regulations. Transportation allowance is 50 cents per mile for use of your personally-owned vehicle, or actual cost of commercial air transportation. Air transportation should be obtained at the lowest available airfare. Mileage reimbursement is calculated using Map Quest. You may be reimbursed for the actual cost of lodging not to exceed the rate of $85.00 per day (Participants will bear the cost of meals). **To receive reimbursement, you must submit actual receipts or invoices**.

*In order to process a voucher reimbursing your travel costs and comply with Internal Revenue Service (IRS) requirements, provide the following information: (**PLEASE COMPLETE ENTIRE FORM & PRINT CLEARLY**)*

REPRESENTING CITY/COUNTY OF: _____

NAME:_____ TITLE:_____

ADDRESS: _____CITY: _____ZIP: _____

Is this a home or business address? IS THIS A NEW ADDRESS? YES NO

SOCIAL SECURITY NO:_____ BUS. TELEPHONE NO: _____
(Use complete SSN)
EMAIL ADDRES:_____ FAX NUMBER:_____

COURSE NAME:_____ COURSE CODE: G_____

COURSE LOCATION:_____ CITY:_____

| Transportation | Lodging | DEM ACCOUNTING USE ONLY |
|---|---|---|
| ___ Personal Vehicle<br>From (home city): To (course city):<br>Mon._____ /_____<br>Tue. _____/ _____<br>Wed. _____/_____<br>Thur. _____/_____<br>Fri. _____/ _____<br>Airline:_____ (Attach Receipt) | Arrival Date:_____/_____/_____<br>Departure Date:_____/_____/_____<br>Is this training course > 200 miles driving distance from your home address? Yes No | Allowed Travel Days:<br>Allowed Lodging Days: |
| **Adjunct Faculty Only** | | |
| Departure Date/Time: | Arrival Date/Time: | |
| Remarks (use this section to explain irregularities in travel submission): | | |
| I certify that the travel was performed and that the account is true, correct and unpaid.<br>_____ _____<br>Signature of Payee Date | | |