



Completed form must be submitted to [Travel@military.texas.gov](mailto:Travel@military.texas.gov) Subject line to include- Last, First name- last date of travel- location

## Texas Military Department Travel Request Form

GR Fund

Fed Fund

In-State

Out of State

International

Washington DC.

Name (FULL): \_\_\_\_\_

FED Program Budget Analyst Signature \_\_\_\_\_

Program

Earmark

Project #

PCA

Purpose of Travel: \_\_\_\_\_

Dates of Travel (to include travel dates): \_\_\_\_\_

to

Head Quarters(HQ) (for Google Mileage): \_\_\_\_\_

Miles from HQ to Airport/Duty point (per Google Maps): \_\_\_\_\_

70.0 cents per mile  
(Jan. 1-Dec. 31, 2025)

Miles from Airport/Duty point to HQ (per Google Maps): \_\_\_\_\_

Location of Travel: \_\_\_\_\_

GSA Link: <https://www.gsa.gov/travel/plan-book/per-diem-rates>

Lodging (per GSA): \$ \_\_\_\_\_ per \_\_\_\_\_ days Total \$ \_\_\_\_\_

Lodging direct bill/  
Hotel Engine

Lodging Taxes: \$ \_\_\_\_\_ per \_\_\_\_\_ days Total \$ \_\_\_\_\_

Lodging paid out of  
pocket

Per Diem (Meals)(per GSA) \$ \_\_\_\_\_ per \_\_\_\_\_ days Total \$ \_\_\_\_\_

Lodging paid by State  
issued travel card

Airport Parking (\$8.00 max): \$ \_\_\_\_\_ per \_\_\_\_\_ days Total \$ \_\_\_\_\_

Hotel Parking Rates \$ \_\_\_\_\_ per \_\_\_\_\_ days Total \$ \_\_\_\_\_

Total Cost \$ \$ \_\_\_\_\_

Airline Fare: \_\_\_\_\_ Direct bill used

SWABIZ

National Travel

Do you need a Rental Yes No

Vehicle Rental Car Direct bill Enterprise Rental car out of pocket

Rental Car Cost: \_\_\_\_\_ Grand total \$ \_\_\_\_\_

\* Rental vehicle vs mileage reimbursement calculator: <https://fmx.cpa.texas.gov/fmx/travel/mileage/>  
Calculator determines if rental vehicle or personal vehicle mileage is more cost effective for State.

**CALCULATOR MUST BE COMPLETED AND A COPY INCLUDED WITH TRAVEL REQUEST FORM**

### Employee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

### Program Supervisor/designee

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### OSA Budget

(For funding verification only)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### OSA Director / CFO

( Required for out of state  
and DC travel)

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

### **\*\* Justification for not using lowest cost mode of transportation:/ Comment section**

\*\* Use the space above to justify:

\* Using a personal vehicle

\* Purchasing an airline ticket or staying in a hotel that is not the lowest listed

\* Using a rental car company other than Enterprise, with whom the state has a contract