



LUBBOCK COUNTY

TRAVEL AUTHORIZATION & TRAVEL ADVANCE REQUEST FORM TA507

Employee: Robert Scott Department: AgriLife Extension
 Vendor #: 01-8380 G/L Account: 01107260-550300
 Purpose of Travel: District Meeting Destination(City,State): New Mexico, Eagle Nest
 Departure Date: 8/11/26 Return Date: 8/13/26

ESTIMATED TRAVEL EXPENSE (attach supporting documents and/or receipts, excluding meal receipts)							
Dates of Travel	8/11/26	8/12/26	8/13/26				WEEKLY TOTALS
Breakfast-Per Diem	\$ 0.00	\$ 0.00	\$ 0.00				\$ 0.00
Lunch-Per Diem	\$ 19.00	\$ 19.00	\$ 19.00				\$ 57.00
Dinner-Per Diem	\$ 0.00	\$ 0.00					\$ 0.00
TOTAL PER DIEM							\$ 57.00
EXPENSES PAID BY PO OR PCARD (attach supporting documents and/or receipts, excluding meal receipts)							
Lodging	\$ 0.00	\$ 0.00	\$ 0.00				\$ 0.00
Parking							\$ 0.00
Airline (describe)							
Rental Car (describe)							
Registrations	250.00						\$ 250.00
Other (describe)							
Mileage Rate	0.725	# of Miles	<u>Travel in County Vehicle</u>				\$ 0.00
TOTAL ESTIMATED TRAVEL EXPENSES							\$ 250.00

I hereby request authorization to travel outside of Lubbock County on official business as detailed above. I have read the Lubbock County Travel Policy and will follow that policy for travel and in making requests for advancement and reimbursement of expenses. I understand that I must submit a travel expense form within ten days of returning from this travel or the full advance will be deducted from my next paycheck.

Please provide an advance Per Diem by the following date: _____ totaling,

Robert A. Scott
 PRINTED NAME OF EMPLOYEE

[Signature]
 EMPLOYEE'S SIGNATURE

5-20-26
 DATE

I hereby certify the above-requested travel for official Lubbock County business is directly related to this department's operations. There are sufficient unexpended funds in the current budget line item to cover all reimbursable expenses incurred. **Agendas, brochures, flyers, GSA meal and incidentals and other supporting documents are attached and 5 meals are included in the registration feed and will not be reimbursed.** Please issue a travel expense advance if requested.

Ronda Alexander
 PRINTED NAME OF DIRECTOR

[Signature]
 DIRECTOR'S SIGNATURE

5/20/26
 DATE

NOTE: ALL SIGNATURES ARE REQUIRED FOR TRAVEL AND/OR PER DIEM ADVANCES. FAILURE TO FILL OUT THE FORM CORRECTLY OR PROVIDE PROPER DOCUMENTATION MAY CAUSE A DELAY IN TRAVEL AUTHORIZATION AND PER DIEM ADVANCES. OUT OF STATE TRAVEL REQUIRES COMMISSIONERS COURT APPROVAL AS AN AGENDA ITEM.

Return to: Rita Wilson, Office Manager, AgriLife Extension



U.S. General Services Administration

FY 2026 per diem rates for Eagle Nest, New Mexico

Meals and incidental expenses (M&IE) rates and breakdown

Primary destination	County	M&IE total	Breakfast	Lunch	Dinner	Incidental expenses	First and lastday of travel
Standard Rate	Applies for all locations without specified rates	\$68	\$16	\$19	\$28	\$5	\$51.00

District 2 TCAAA Professional Development Agenda



August 11-13, 2026

68 County Rd-22

Eagle Nest, New Mexico 87718

Tentative

Tuesday 11th

1:00-3:30 PM- Ag Tour - TBD

5:00 PM- Arrive at Eagle Nest

6:30 PM – Evening Meal

7 PM- District Update from Rebel Royal, DEA

TCAAA Update

Wednesday 12th

8 AM – Breakfast

8:30- South Plains Fair updates and responsibilities – Robert Scott

9:00- TCAAA Meeting

10 AM – Individual tours of fisheries, nature tourism, and economic drivers of New Mexico

6 PM – Evening Meal

Thursday 13th

8 AM – Breakfast

9 AM – TCAAA Meeting

10 AM – Depart



District 2 - Texas County Agricultural Agents Association

INVOICE

**\$250.00 Registration Fee for
2026 District 2 TCAAA Summer In-Service Training
Eagle Nest, NM
August 10-13, 2026**

Please make payment to District 2 TCAAA

Name: **Robert Scott**_____

Address: **PO Box 10536, 79408**_____

City: **Lubbock**_____

County: **Lubbock**_____

Phone Number: **806-775-1740**_____

Please Submit To:

Sierra Stephens
Texas A&M AgriLife Extension – Lynn County
PO Box 669
Tahoka, TX 79373

(Please send registration fee along with this form on or before July 6, 2026)

Office Use Only

Paid _____

Check Number _____