

PART 1 - BASIC INFORMATION

Traveler Name: _____	Purpose/Justification: _____
Position: _____	Location: _____
Address: _____	Beginning Date: _____
Phone: _____	Ending Date: _____

PART 2 - TRAVEL COST ESTIMATE

PART 3 - TRAVEL APPROVAL

Registration Fee: \$ _____ -

Per Diem/Meals/Lodging: \$ _____ -

Estimated Mileage: _____

.45/mile: \$ _____ -

Other: _____

TOTAL COST ESTIMATE: \$ _____ -

80% Advance: \$ _____ -

Advance Requested: YES NO

I hereby certify that the information provided is correct and true.

_____	Traveler's Signature	_____	Date
_____	Executive Director Signature	_____	Date

PART 4 - REIMBURSEMENT (Receipts and/or Documentation Required)

Per Diem (reference chart below): _____

Lodging (receipts required): _____

Meals (ITEMIZED receipts required): _____

Other (Specify): _____

Departure Time: _____

Return Time: _____

Total Hours Traveled: _____

Partial Day Hours:

MILEAGE (attach Mileage Chart or MapQuest)

See Per Diem Chart Below

From:	To:	Miles
Total Miles		0
Travel Advance		\$ _____ -

x .45 cents per mile = \$ _____ -

TOTAL TRAVEL COST: \$ _____ -

TOTAL REIMBURSEMENT: \$ _____ -

PART 5 - REIMBURSEMENT APPROVAL

I hereby certify that the information provided is correct and true to the best of my knowledge and that I am not being reimbursed to travel for this event by any other agency.

_____	Traveler's Signature	_____	Date	_____	Executive Director Signature	_____	Date
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Per Diem Chart in accordance with NMAC 2.42.2.8

PARTIAL DAY		OVERNIGHT	
Less than 2 hours of travel beyond the normal work day	\$ -	In-State	\$ 151.00
2 hours, but less than 6 hours	\$ 18.00	In-State- County of Santa Fe(Special Area)	\$ 194.00
6 hours, but less than 12 hours	\$ 40.00	Out of State	\$ 151.00
12 hours but less than 24 hours	\$ 55.00		