

**Dexter Consolidated Schools
TRAVEL REIMBURSEMENT REQUEST**

It is the responsibility of staff to turn in receipts if reimbursement is desired. Please submit within 5 days of travel.

Copy of agenda attached (Required) Itemized Receipts attached (if applicable) Overnight Travel? Yes No

Name _____ Title _____ Dept/School _____

For reimbursement of travel and other expenses incurred in the discharge of official duty as itemized and authorized by the Superintendent of Schools, I do swear that the below account and itemization are just and true in all respects and that I have not received any additional reimbursement from any other source (Section 10-8-4, NMSA 1978).

Signature of Payee _____ Date _____

Points of Travel From _____ To _____

Purpose of Trip _____

Date of Departure _____ Time of Departure _____

Date of Return _____ Time of Return _____

Trip Totals: _____ Days _____ Hours (partial day)

Travel Type: In State (Not Santa Fe) Santa Fe Out of State

I. OVERNIGHT PER DIEM / ACTUALS	Out of District Travel Less than 24 hours	In State Travel 24 hours or more	Santa Fe 24 hours or more	Out of State 24 hours or more	Out of State Actuals	Allowed Amount
Daily Rate (24 hrs)	N/A	\$85.00	\$135.00	\$115.00	N/A	\$
0 to 2 hours	N/A	N/A	N/A	N/A	N/A	\$
2 to 6 hours	\$12.00	N/A	N/A	N/A	\$12.00	\$
6 to 12 hours	\$20.00	N/A	N/A	N/A	\$20.00	\$
12 or more hours	\$30.00	N/A	N/A	N/A	\$45.00	\$

Check if Lodging was paid by District Total Allowed \$ _____

II. TRANSPORTATION (complete only if pre-approved to drive private vehicle)

Total Allowable miles from District mileage chart _____ X \$0.46 = Total Mileage \$ _____

III. MISCELLANEOUS EXPENSES

Actual Meal Receipts in Time/Date order—Enter When Lodging is Provided by District

Vendor	Date	Time	Amount	Vendor	Date	Time	Amount
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$
			\$				\$

Total Meal Receipts \$ _____

Attach Receipts for: _____ Allowable Meals based on Limits \$ _____

Taxi/Shuttle \$ _____ Parking \$ _____ Airfare \$ _____ Total Other Receipts \$ _____

IV. PRINCIPAL/SUPERVISOR SIGNATURE _____ Total Check \$ _____

V. FUNDING CODE or PO# _____

FUND APPROVAL SIGNATURE _____ DATE _____

SUPERINTENDENT APPROVAL _____

ALL STAFF MUST COMPLETE THIS SECTION

ALL STAFF MUST COMPLETE THIS SECTION

COMPLETE THIS SECTION FOR MEAL REIMBURSEMENT

COMPLETE THIS SECTION FOR MEAL REIMBURSEMENT