

### PART 1 - BASIC INFORMATION

Traveler Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Purpose/

Justification: \_\_\_\_\_

Location: \_\_\_\_\_

Beginning Date: \_\_\_\_\_

Ending Date: \_\_\_\_\_

### PART 2 - TRAVEL COST ESTIMATE

Registration Fee: \_\_\_\_\_

Per Diem/Meals/Lodging: \_\_\_\_\_

Estimated Mileage: \_\_\_\_\_

.428/mile: \$ -

Other: \_\_\_\_\_

**TOTAL COST ESTIMATE: \$ -**

80% Advance: \$ -

Advance Requested:  YES  NO

### PART 3 - TRAVEL APPROVAL

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

\_\_\_\_\_  
Traveler's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director/Coordinator 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)

From:	To:	Miles
<b>Total Miles</b>		<b>0</b>

See Per Diem Chart Below

x .428 cents per mile = \$ -

**TOTAL TRAVEL COST: \$ -**

Travel Advance

**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

\_\_\_\_\_  
Director/Coordinator Signature

\_\_\_\_\_  
Date

### Per Diem Chart in accordance with NMAC 2.42.2.8

PARTIAL DAY		OVERNIGHT	
For less than 2 hours of travel beyond the normal work day	\$0.00	In State	\$85.00
For 2 hours, but less than 6 hours	\$12.00	Santa Fe	\$135.00
For 6 hours, but less than 12 hours	\$20.00	Out of State	\$115.00
For 12 hours but less than 24 hours	\$30.00	Out of State Special	\$215.00