

**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 Actuals Less than 24 hours	In State Per Diem 24 hours or more	Santa Fe Per Diem 24 hours or more	Out of State Per Diem 24 hours or more	Out of State Actuals	Allowed Amount
Daily Rate (24 hrs)	N/A	151.00	194.00	151.00	N/A	\$
0 to 2 hours	N/A	N/A	N/A	N/A	N/A	\$
2 to 6 hours	\$18.00	N/A	N/A	N/A	\$18.00	\$
6 to 12 hours	\$40.00	N/A	N/A	N/A	\$40.00	\$
12 to 24 hours	\$55.00	N/A	N/A	N/A	\$55.00	\$

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 \$0.585 = 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

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COMPLETE THIS SECTION FOR MEAL REIMBURSEMENT

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