



Req/PO # \_\_\_\_\_

Los Alamos Public Schools Travel & Reimbursement Request

Name \_\_\_\_\_ School/Dept. \_\_\_\_\_

Name of Conference/Meeting \_\_\_\_\_ Dates of Event \_\_\_\_\_  
(Attach agenda or flyer)

Departure Date/Time \_\_\_\_\_ am pm Return Date/Time \_\_\_\_\_ am pm

**Estimated Costs for Conference and Transportation**

<b>Conference Fee</b>		\$
<b>Transportation</b>		
Airfare		\$
Ground Transportation		\$
Parking, tolls, etc.		\$
Private Vehicle Mileage	# of Miles	X \$0.40
<b>Estimated costs for Meals/Lodging</b>		
CHOOSE EITHER PER DIEM FOR MEALS/LODGING OR ACTUALS FOR MEALS/LODGING		
<input type="checkbox"/> <b>Meals/Lodging Expenses to be Reimbursed on Per Diem Basis</b> (no receipts required)	<input type="checkbox"/> in-state @ \$ 85 per 24 hr period <input type="checkbox"/> out-of-state @ \$115 per 24 hr period	\$
Estimated per diem for Additional hrs	<input type="checkbox"/> 2 but less than 6 \$12 <input type="checkbox"/> 6 but less than 12 \$20 <input type="checkbox"/> 12 but less than 24 \$30	\$
<b>OR</b>		
<input type="checkbox"/> <b>Meals/Lodging Expenses to be Reimbursed Based on Actual Expenses</b> (all receipts required)	Hotel	\$
	Meals - Max \$30 in state, \$45 out of state (per 24 hour period)	\$
<b>Total Estimated Travel Costs</b>		\$

\_\_\_\_\_  
Traveler Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Supt or Designee Signature/Date  
(if required)

**Reimbursement Request for Expenses Paid by Traveler**

Per Diem: Calculation		Departure Date _____ Time _____	<b>Requested Reimbursement</b>
		Return Date _____ Time _____	
Total 24 hr periods: _____ Additional hours: _____ ( See above for reimbursement rates)			
<b>If you choose Per Diem, use this line</b>		Per Diem	\$
<b>If you choose Actuals, use these two lines:</b>		Actual Hotel	\$
		Actual Meals	\$
		Conference Fee	\$
		Airfare	\$
		Ground Transportation	\$
		Parking, Tolls, etc.	\$
		Miscellaneous	\$
		Mileage: _____ miles x \$0.40/mile	\$
<b>TOTAL REIMBURSEMENT REQUEST</b>			\$

\_\_\_\_\_  
Traveler Signature/Date

\_\_\_\_\_  
Supervisor Signature/Date

\_\_\_\_\_  
Supt or Designee Signature/Date  
(if required)

Section I: Complete prior to travel

Section I: Complete after travel