



Req/PO # _____

Los Alamos Public Schools Travel & Reimbursement Request
Less than Overnight Travel

Name _____ School/Dept. _____

Name of Conference/Meeting _____ Date of Event _____
 (Attach agenda or flyer)

Departure Time _____ am pm Return Time _____ am pm

**Estimated Costs for Conference and Transportation is paid through Purchasing/Payables
 Purchase Order Required for these Expenses**

Conference Fee			\$
Transportation			
Parking, tolls, etc.			\$
Private Vehicle Mileage	# of Miles	X \$0.40	\$
Total Estimated Expenses			\$

**Estimated Per Diem for Less than Overnight Travel
 Purchase Order is Not Required for Partial Day Per Diem**

Hours Beyond the Normal Workday:	<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	
Estimated per diem			\$

 Traveler Signature/Date

 Supervisor Signature/Date

**Per Diem for Less than Overnight Travel is paid through Payroll
 Purchase Order is Not Required for Partial Day Per Diem:**

Departure Time _____ Return Time _____	Hours on Travel _____		
	Less Hours in Normal Workday _____		
	Hours Beyond the Normal Workday _____		
Choose # Hours Beyond the Normal Workday	<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	
This amount submitted to Payroll			\$

Reimbursement Request for Expenses Paid by Traveler

	Requested Reimbursement
Conference Fee	\$
Parking	\$
Mileage: _____ miles x \$0.40/mile	\$
TOTAL REIMBURSEMENT REQUEST	\$

 Traveler Signature/Date

 Supervisor Signature/Date

Before Travel

After Travel