

Req/PO #	
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Los Alamos Public Schools Travel & Reimbursement Request Less than Overnight Travel

Name		S	chool/Dept.		
Name of Conference/Meeting (Attach agenda or flyer)				Date of Event	
(Tituen agenda of myer)					
Departure Time ar	m pm	Return Tim	e	am pm	
Estimated Costs fo		and Transportation Order Required for		ough Purchasing/Pay	ables
Conference Fee	1 urenase (Stuci Requireu ie	T these Exper	1303	\$
Transportation					
Parking, tolls, etc.					\$
Private Vehicle Mileage		# of Miles	X \$0.40		\$
Total Estimated Expenses					\$
_		r Diem for Less th			
Pu	irchase Order i	is Not Required fo		Per Diem	Г
		□ 2 but less than	•		
Hours Beyond the Normal V	Workday:	□ 6 but less than			d.
		□ 12 but less tha	-	T (\$ \$
Traveler Signature/Date		Supe	rvisor Signat	Estimated per diem ure/Date	υ ·
Per D		Supe an Overnight Tra s Not Required fo	rvisor Signat	ure/Date rough Payroll	Ų
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Traveler Signature/Date

Supervisor Signature/Date