



Req/PO # _____

Los Alamos Public Schools Travel & Reimbursement Request

SECTION I: COMPLETE PRIOR TO TRAVEL

Name _____ School/Dept. _____

Name of Conference/Meeting _____ Dates of Event _____

Event Location: _____ City _____ State _____

(Attach agenda or flyer with your request to travel)

BEFORE TRAVEL, ENTER EXPECTED DEPARTURE/RETURN DATES/TIMES:

Departure Date/Time _____ am pm Return Date/Time _____ am pm

Estimated Costs for Conference and Transportation

Conference Fee		\$
Transportation		
Airfare		\$
Ground Transportation		\$
Parking, tolls, etc.		\$
Private Vehicle Mileage	_____ # of Miles X \$0.40	\$
Estimated costs for Meals/Lodging		
CHOOSE EITHER PER DIEM FOR MEALS/LODGING OR ACTUALS FOR MEALS/LODGING		
<input type="checkbox"/> Meals/Lodging Expenses to be Reimbursed on Per Diem Basis (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	\$
OR		
<input type="checkbox"/> Meals/Lodging Expenses to be Reimbursed Based on Actual Expenses (all receipts required)	Hotel	\$
	Meals - Max \$30 in state, \$45 out of state (per 24 hour period)	\$
Total Estimated Travel Costs		\$

_____ Traveler Signature/Date	_____ Supervisor Signature/Date	_____ Supt or Designee Signature/Date, if required
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SECTION II: COMPLETE AFTER TRAVEL**Reimbursement Request for Expenses Paid by Traveler**

AFTER TRAVEL, ENTER ACTUAL DEPARTURE/RETURN DATES/TIMES:		Requested Reimbursement	
Departure Date _____ Time _____			
Return Date _____ Time _____			
Total 24 hr periods: _____ Additional hours: _____			
If you choose Per Diem, use this line	Per Diem	\$	
If you choose Actuals, use these two lines:		Actual Hotel	\$
		Actual Meals	\$
Conference Fee		\$	
Airfare		\$	
Ground Transportation		\$	
Parking, Tolls, etc.		\$	
Miscellaneous		\$	
Mileage: _____ miles x \$0.40/mile		\$	
TOTAL REIMBURSEMENT REQUEST		\$	

_____ Traveler Signature/Date	_____ Supervisor Signature/Date	_____ Supt or Designee Signature/Date, if required
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