

Dexter Consolidated Schools  
TRAVEL REIMBURSEMENT REQUEST

It is the responsibility of staff to turn in receipts and form if reimbursement is desired.  
Please submit within 5 days of travel.

<input type="checkbox"/> Copy of agenda attached (Required)	<input type="checkbox"/> Itemized Receipts attached (if applicable)	Overnight Travel?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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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:	<input type="checkbox"/> In State (Not Santa Fe)	<input type="checkbox"/> Santa Fe	<input type="checkbox"/> Out of State
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I. OVERNIGHT PER DIEM / ACTUALS	Out of District Travel Less than 24 hours	In State Travel 24 hours or more	Santa Fe 24 hours or more	Out of State 24 hours or more	Out of State Actuals	Allowed Amount
Daily Rate (24 hrs)	N/A	\$85.00	\$135.00	\$115.00	N/A	\$
0 to 2 hours	N/A	N/A	N/A	N/A	N/A	\$
2 to 6 hours	\$12.00	N/A	N/A	N/A	\$12.00	\$
6 to 12 hours	\$20.00	N/A	N/A	N/A	\$20.00	\$
12 or more hours	\$30.00	N/A	N/A	N/A	\$45.00	\$

<input type="checkbox"/> Check if Lodging was paid by District	<b>Total Allowed</b> \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
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**II. TRANSPORTATION (complete only if pre-approved to drive private vehicle)**

Total Allowable miles from District mileage chart  X \$0.43 = 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:	<b>Allowable Meals based on Limits</b>
Taxi/Shuttle \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>
Parking \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	<b>Total Other Receipts</b>
Airfare \$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>	\$ <span style="border: 1px solid black; display: inline-block; width: 100px; height: 20px; vertical-align: middle;"></span>

IV. PRINCIPAL/SUPERVISOR SIGNATURE \_\_\_\_\_ **Total Check** \$

V. FUNDING CODE or PO# \_\_\_\_\_

FUND APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SUPERINTENDENT APPROVAL \_\_\_\_\_