



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

## Los Alamos Public Schools Travel &amp; 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**

<b>Conference Fee</b>		\$
<b>Transportation</b>		
Airfare		\$
Ground Transportation		\$
Parking, tolls, etc.		\$
Private Vehicle Mileage	# of Miles _____ X \$0.40	\$

**Estimated costs for Meals/Lodging**

<b>CHOOSE EITHER PER DIEM FOR MEALS/LODGING OR ACTUALS FOR MEALS/LODGING</b>		
<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  <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 for Additional hrs _____		\$
<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) \_\_\_\_\_

**SECTION II:  
COMPLETE AFTER TRAVEL****Reimbursement Request for Expenses Paid by Traveler**

AFTER TRAVEL, ENTER ACTUAL DEPARTURE/RETURN DATES/TIMES:		<b>Requested Reimbursement</b>
Departure Date _____ Time _____		
Return Date _____ Time _____		
Total 24 hr periods: _____ Additional hours: _____		
<b>If you chose Per Diem, use this line</b>	Per Diem	\$
<b>If you chose 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) \_\_\_\_\_

