



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

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