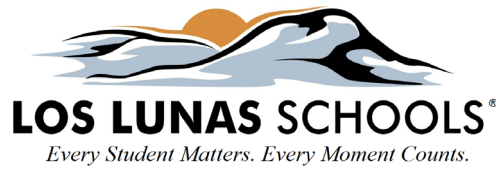


IN-STATE

OUT-OF-STATE



TRAVEL AUTHORIZATION AND REIMBURSEMENT REQUEST

Traveler: _____ Address: _____ City: _____ Zip: _____

(Name as appears on Driver's License)

School Site /Dept: _____ Date: ____/____/____ Employee Phone #: _____

Employee DOB: ____/____/____

Title of Training (attach program AGENDA): _____

Location: _____ Purpose: _____

TRAINING

PLANNED DEPARTURE

PLANNED RETURN

DATE(S): ____/____/____

DATE: ____/____/____ - TIME: _____

DATE: ____/____/____ - TIME: _____

***** Travel Fund Line Item #: _____ *****

Administrator's Approval: _____ Date: ____/____/____

Fund Administrator's Approval: _____ Date: ____/____/____

Adminstrator Approval for Lodging in Excess of \$215/night: _____ Date: ____/____/____

TRIP "COMPLETION" INFORMATION

Date Departed: ____/____/____ Time: _____ AM PM
Time employee left home or work (post of duty)

Date Returned: ____/____/____ Time: _____ AM PM
Time employee arrived home or work (post of duty)

Flight Departure (from ABQ) - Time: _____ AM PM

Flight Return (to ABQ) - Time: _____ AM PM

REIMBURSEMENT WILL BE MADE ON LEGITIMATE, ITEMIZED RECEIPTS ONLY

***By signing this certificate, I attest that the charges are true and correct
and in accordance with District Travel Policies and Procedures**

Employee Certification: _____ Date: ____/____/____

Supervisor Verification/Approval: _____ Date: ____/____/____

FOR BUSINESS OFFICE USE:

PO # _____ TOTAL \$ _____

Date: ____/____/____

Totals verified by _____

Date: ____/____/____

Authorized Administrator of Program Approval _____

Date: ____/____/____

Chief Finance and Operations Officer Approval _____