

PAYEE (Please Print):	_____
Address:	_____
City, State Zip:	_____
DESTINATION:	_____
PURPOSE (Be Specific):	_____

Org:	_____
Dept:	_____
TRAVEL BY:	
County Vehicle	_____
POV	_____
Airline	_____
Other (Explain)	_____

ANTICIPATED DEPARTURE			
DATE:	_____	FROM:	_____
TIME:	_____	TO:	_____
_____	_____	_____	_____
ANTICIPATED RETURN			
DATE:	_____	FROM:	_____
TIME:	_____	TO:	_____
_____	_____	_____	_____

OVERNIGHT TRAVEL REIMBURSEMENT TYPE			
	PER DIEM		
	ACTUAL EXPENSE		
OVERNIGHT TRAVEL ADVANCE (Select Applicable)			
	YES		Pick Up
	NO		Mail

SIGNATURES:	
TRAVELER: _____	DATE: _____
DEPT HEAD OR COUNTY MANAGER: _____	DATE: _____

FINANCE USE ONLY				
ADVANCE PER DIEM CALCULATIONS		(OR)	ADVANCE ACTUAL EXPENSE CALCULATIONS	
# Days (In-State)	_____ x \$85.00		# Days Lodging	_____ @ _____
# Days (Out-of-State)	_____ x \$115.00		# Days Meals (In-State)	_____ x \$30.00
# Days (Santa Fe)	_____ x \$135.00		# Days Meals (Out-of-State)	_____ x \$45.00
# Add'l Hours	_____ @ _____		Transportation - Airfare (Coach Class Only)	_____
Other - _____	_____		Other - _____	_____
Total Estimated Expenses			Total Estimated Expenses	
Less: 20% Retainage			Less: 20% Retainage	
TOTAL ADVANCE PER DIEM PAYMENT			TOTAL ADVANCE ACTUAL EXPENSE PAYMENT	
G/L ACCOUNT	AMOUNT	CHECK #:	A/P INITIALS & DATE: _____	
_____	_____	DATE PAID: _____	REVIEWER INT. & DATE: _____	
_____	_____	REFERENCE: _____	_____	
_____	_____	COMMENTS: _____	_____	

All required information must be attached or travel advance may not be processed.