

PAYEE (Please Print):	_____
Address:	_____
City, State Zip:	_____
Destination:	_____
Purpose:	_____

Org:	_____
Dept:	_____
REIMBURSEMENT CHECK	
	Per Diem
	Actual Expense

ACTUAL DEPARTURE			
DATE:	_____	FROM:	_____
TIME:	_____	TO:	_____

ACTUAL RETURN			
DATE:	_____	FROM:	_____
TIME:	_____	TO:	_____

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

FINANCE USE ONLY				
PER DIEM CALCULATIONS		(OR)	ACTUAL EXPENSE CALCULATIONS (Receipts Required)	
# Days (In-State)	_____ x \$85.00		# Days Lodging	_____ @ _____
# Days (Out-of-State)	_____ x \$115.00		# Days Meals (In-State)	_____ @ \$30/day
# Days (Santa Fe)	_____ x \$135.00		# Days Meals (Out-of-State)	_____ @ \$45/day
# Add'l Hours	_____ @ _____		Transportation - Airfare (Coach Class Only)	_____
Other - (Rcpts Req)	_____		Transportation - Rental Car, Taxi, Uber, etc...	_____
Other - (Rcpts Req)	_____		Other -	_____
Other - (Rcpts Req)	_____		Other -	_____
Other - (Rcpts Req)	_____		Final Day # Add'l Hrs -	_____ @ _____
Mileage (from calculation below)	_____		Mileage (from calculation below)	_____
Total Expenses	_____		Total Expenses	_____
Less: 80% Advance	_____		Less: 80% Advance	_____
<b>TOTAL PER DIEM REIMBURSEMENT</b>	<b>_____</b>		<b>TOTAL ACTUAL EXPENSE REIMBURSEMENT</b>	<b>_____</b>

<b>MILEAGE CALCULATION:</b>	_____	MAP MILES @	<b>46.0 ¢</b>	per mile =	_____
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G/L ACCOUNT	AMOUNT	CHECK #:	_____	A/P INITIALS & DATE:	_____
_____	_____	DATE PAID:	_____	REVIEWER INT. & DATE:	_____
_____	_____	REFERENCE:	_____		
_____	_____	COMMENTS:	_____ Pickup Check		

All required itemized receipts must be attached or travel voucher may be returned for correction.