

**TRAVEL REIMBURSEMENT REQUEST**

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

Dept:	_____
GL Acct:	_____
<b>REIMBURSEMENT TYPE</b>	
Per Diem	
Actual Expense	

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

TRAVEL BY
County Vehicle
POV
Airline
Other <i>(Explain)</i>
Pickup Check
Mail Check

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

FINANCE USE ONLY				
PER DIEM CALCULATIONS		(OR)	ACTUAL EXPENSE CALCULATIONS (Receipts Required)	
# Days (In-State)	_____ \$155		# Days Lodging	_____
# Days (Out-of-State)	_____ \$155		# Days Meals (In-State)	_____ \$59
# Days (Santa Fe)	_____ \$202		# Days Meals (Out-of-State)	_____ \$59
# Additional 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 # Hours - _____	_____
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 @ \$0.448 per mile =	_____
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G/L ACCOUNT	AMOUNT	REVIEWER INITIALS & DATE: _____
_____	_____	APPROVER INITIALS & DATE: _____
_____	_____	COMMENTS: _____
_____	_____	_____

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