

TRAVEL REIMBURSEMENT REQUEST

OTERO COUNTY

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

Dept:	_____
GL Acct:	_____
REIMBURSEMENT TYPE	
	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	_____
TOTAL PER DIEM REIMBURSEMENT	_____		TOTAL ACTUAL EXPENSE REIMBURSEMENT	_____

MILEAGE CALCULATION:	_____	MAP MILES @ \$0.468	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.