



Albuquerque Public Schools

Travel Authorization Number: _____
 Requisition Number: _____
 Traveler Vendor Number: _____

EMPLOYEE REIMBURSEMENT VOUCHER

Section 1 TRAVELER

<input type="text"/>	<input type="text"/>	<input type="text"/>
Name (First, Last)	Employee Number	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address	City	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
School/Department/Location Name		Contact Phone #

Section 2 CONFERENCE / EVENT INFORMATION

Conference/Event Name <input type="text"/>	Destination (City, State) <input type="text"/>
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Section 3 REIMBURSEMENT OUT OF POCKET EXPENSES

Actual Costs: **ACTUAL REIMBURSEMENT**
 (ORIGINAL ITEMIZED RECEIPTS REQUIRED FOR ACTUAL COST REIMBURSEMENT)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Actual Departure Date & Time Example: 12/01/2019 7:00 am	Actual Return Date & Time Example: 12/01/2019 7:00 am	Actual Full Days	Actual Partial Days

MEALS

(Meals cannot exceed \$45.00 or \$30.00 per day for each full day)
 (Meals cannot exceed \$12.00 for 2 - 6 hours, \$20.00 for 6 - 12 hours, or \$30.00 for 12 hours or more for partial days)

Total Full Day & Partial Meals

OTHER

Taxi, Other Transportation, Parking Total

Personal Vehicle Actual Miles <input type="text"/>	Cost Per Mile <input type="text"/>	Total Actual Miles <input type="text"/>
Odometer Reading: Beginning <input type="text"/>	Ending <input type="text"/>	

Description of Other Expenses

Total of Other Actual Expenses

Total Actual Reimbursement

Section 4 SIGNATURES

<input type="text"/>	<input type="text"/>
Print Employee Name	Employee Signature
<input type="text"/>	<input type="text"/>
Print Site Administrator Name	Site Administrator Signature