Albuquerque Public Schools

EMPLOYEE REIMBURSEMENT VOUCHER

Clear Form

To be completed after employee returns from travel
Attach all Receipts

Section 1 TRAVELER

All fields in Section 1 are required

Travel Authorization Number | Requistions Number | Traveler Vendor Number

Name (First, Last) | Employee Number | Date

Home Address | City | Zip Code

School/Department/Location Name | Contact Phone #

Section 2 CONFERENCE / EVENT INFORMATION

Conference/Event Name | Destination (City, State)

Section 3 REIMBURSEMENT OUT OF POCKET EXPENSES

Actual Costs:

ACTUAL REIMBURSEMENT
(ORIGINAL ITEMIZED RECEIPTS REQUIRED FOR ACTUAL COST REIMBURSEMENT)

Actual Departure Date/Time | Actual Return Date/Time | Actual Full Days (0) | Actual Partial Days (0.00)

MEALS

(Meals cannot exceed $70.00 per day for each full day)
(Meals cannot exceed $25.00 for 2 - 5 hours, $50.00 for 6 - 11 hours, or $70.00 for 12 - 23 hours for partial days)

Total Full Day & Partial Meals

OTHER

Taxi, Other Transporation, Parking Parking and Other Expenses Total

Personal Vehicle Actual Miles | Cost Per Mile ($ 0.67)

Odometer Reading: Beginning | Ending

Total Actual Miles ($ 0.00)

Total of Other Actual Expenses ($ 0.00)

Total Actual Reimbursement ($ 0.00)

Section 4 SIGNATURES

I acknowledge that the amounts included in this request ar subject to adjustment based on auditing per APS, Grant, and Legislative guidelines and that the total amount I calculate on this form may therefore not be the same amount ultimatley reimbursed to me.

Print Employee Name | Employee Signature

Site Administrator Name | Site Administrator Signature

Revised 07.15.2025/dlt