Albuquerque Public Schools

REQUEST FOR TRAVEL

Clear Form

*Required for travel greater than 35 miles outside of Albuquerque

*All information must be completed to avoid delays in processing

ROUTING: ACCOUNTS PAYABLE

TAN#:_____

OFFICE USE ONLY

Accounts Payable/Grant Management are prohibited from making changes to this form once you have signed it. This form will be returned to you for re-signing and resubmittal if changes/corrections are required.

Section 1 TRAVELER

Name (First, Last) | Employee Number | Date

Home Address | City | Zip Code

School/Department/Location Name | Contact Phone #

Section 2 CONFERENCE / EVENT INFO / GOALS/GUARDRAILS

Conference/Event Name

Actual Conference/Event Dates: Start Date | End Date

Destination (City, State)

MANDATORY: Enter 3-Digit Specific Goal\Guardrail for Travel

Goals/Guardrails

Purpose of Travel (Purpose of travel and elaborate on the benefit to the District; Attach extra pages if necessary)

Company Fund | Accounting Unit | Expense Cost Account | Activity | Account Category

Registration Cost Conference/Event

Section 3 AIRFARE

Estimated Cost of Airfare (special boarding or upgrade fees or traveler's expense)

Travel Agent Fee (If applicable)

Company Fund | Accounting Unit | Expense Cost Account | Activity | Account Category

Estimated Total Cost Airfare $ 0.00

Section 4 HOTEL

Total (not to exceed $215.00 per day including all taxes and fees without additional approval)

Hotel Name

Number of Nights ---Select---

Cost per night + taxes & fees

Company Fund | Accounting Unit | Expense Cost Account | Activity | Account Category

Estimated Total Expense Hotel $ 0.00

Payment Method ---Select---

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Traveler Choose ONE ---Select---

Section 5 REIMBURSEMENT OUT OF POCKET EXPENSES

Provide the best estimate of costs

If reimbursed for Hotel cannot exceed $215 per day including taxes/fees - without additional approval
Meals cannot exceed $70 per 24-hour period. The 24 hours period starts one (1) hour before departure time. Meals/snacks are not reimbursable for day trips that require no overnight stay Original Itemized receipts must be provided for reimbursement voucher when traveler returns from travel
If using a personal vehicle- odometer reading is required for reimbursement and cannot exceed common carrier economical fare

Click on the box then the drop down arrow to add the date
****MANDATORY***- Manually enter the correct time.*
Enter Date/Time in the following Example: 12/01/2019 7:00 am

Departure Date/Time	Return Date/Time	Full Days	Partial Hours
		0	0.00

ACTUAL EXPENSES

Mandatory Select One NO MEALS $0.00
MEALS $70.00 ---Select--- — *Estimated MEALS Full Day Expense* $ 0.00

MEALS 2 - 5 hours $25.00
MEALS 6 - 11 hours $50.00
MEALS 12 - 23 hours $70.00
$ 0.00 — *Estimated MEALS Partial Hours Expense* $ 0.00

Taxi, Other Transportation, Parking — *Estimated Transportation Expense*

Rental Car (No scooters, bikes, etc.) — *Estimated Rental Car Expense*

Personal Vehicle Estimated Miles — *Cost Per Mile* $ 0.67 — *Estimated Personal Vehicle Expense* $ 0.00

Description of Other Estimated Expenses — *Estimated Cost Other Expense*

Company Fund	Accounting Unit	Expense Cost Account	Activity	Account Category

Estimated TOTAL Cost Out of Pocket Expense $ 0.00

- OR -

PER DIEM

Per Diem Rates include Hotel and Meals - Per Day: $180; Special high cost areas; Santa Fe $249

Number of Days ---Select--- *Per Day Rate* ---Select--- — *Estimated Per Day Total* $ 0.00

Company Fund	Accounting Unit	Expense Cost Account	Activity	Account Category

$ 0.00

ESTIMATED TOTAL TRAVEL EXPENSES $ 0.00

Email address of APS staff that should receive travel authorization number (TAN) upon approval:

Email address of APS site requesters:

Section 6 - READ AND INITIAL SIGNATURES

____I understand the travel guidelines and will adhere only to the items identified as estimated charges on the Request For District Travel Form.

____I also understand that no reimbursement will be issued until the Employee Travel Reimbursement Voucher is submitted with all required documentation (e.g., original itemized receipts and that actual reimbursement may not exceed estimated costs on the Request for District Travel Form.

____ Requests for reimbursement submitted later than 60 days past trip date will be disbursed through the payroll process as taxable income per IRS regulations.

____The employee affirms that they will not be exceeding the $1500.00 per year reimbursement limit with this Travel.

____ ***I understand that if I cannot attend this event for any reason other than personal emergency, I am responsible for reimbursing the District for any incurred/prepaid costs.***

1 TRAVELER PRINT NAME | TRAVELER SIGNATURE | DATE

2 SITE ADMINISTRATOR PRINT NAME | SITE ADMINISTRATOR SIGNATURE | DATE

3 FEDERAL AND STATE SIGNATURE | DATE | GRANT MANAGEMENT SIGNATURE | DATE

4 SUPERINTENDENT or Designee PRINT NAME | SUPERINTENDENT or Designee SIGNATURE | DATE

Revised 07.15.2025/dlt