



# Albuquerque Public Schools

## REQUEST FOR TRAVEL

\*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

<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"/>
School/Department/Location Name		Contact Phone #

### Section 2

### CONFERENCE / EVENT INFO / GOALS / GUARDRAILS

<input type="text"/>	Actual Conference/Event Dates		<b>MANDATORY: Enter 3-Digit Specific Goal/Guardrail for Travel</b>
Conference/Event Name	<input type="text"/>	<input type="text"/>	
	Start Date	End Date	
<input type="text"/>	<input type="text"/>		Goals/Guardrails
Destination (City, State)			

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Registration Cost Conference/Event	<input type="text"/>
Company Fund	Accounting Unit	Expense Cost Account	Activity	Account Category		

### Section 3

### AIRFARE

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Travel Agent Fee (If applicable)	<input type="text"/>
Company Fund	Accounting Unit	Expense Cost Account	Activity	Account Category	Estimated Total Cost Airfare	<input type="text"/>

### Section 4

### HOTEL

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

Hotel Name	<input type="text"/>				Estimated Total Expense Hotel	<input type="text"/>
Number of Nights	<input type="text"/>	Cost per night + taxes & fees	<input type="text"/>		Payment Method	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Company Fund	Accounting Unit	Expense Cost Account	Activity	Account Category		

Traveler Choose ONE

**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 \$59 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

**ACTUAL EXPENSES**

Mandatory Select One NO MEALS \$0.00  Estimated MEALS Full Day Expense   
MEALS \$59.00

MEALS 2 - 5 hours \$20.00   
MEALS 6 - 11 hours \$42.00  Estimated MEALS Partial Hours Expense   
MEALS 12 - 23 hours \$59.00

Taxi, Other Transportation, Parking  Estimated Transportation Expense

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

Personal Vehicle Estimated Miles  Cost Per Mile  Estimated Personal Vehicle Expense

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

**- OR -**

**PER DIEM**

Per Diem Rates include Hotel and Meals - Per Day: \$157; Special high cost areas; Santa Fe \$210

Number of Days  Per Day Rate  Estimated Per Day Total

Company Fund Accounting Unit Expense Cost Account Activity Account Category

**ESTIMATED TOTAL TRAVEL EXPENSES**

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