ALBUQUERQUE PUBLIC SCHOOL
EMPLOYEE TRAVEL REIMBURSEMENT GUIDELINES

APS Accounts Payable reserves the right to change any expenditures not within compliance of State of New Mexico guidelines, APS travel non reimbursable and pre-approval Travel Authorization From.

TRAVEL REIMBURSEMENT

Submit Employee Travel Reimbursement Voucher Form and itemized travel receipts, in a neat, orderly manner to Accounts Payable within five days from return date.

1. Complete an **Employee Travel Reimbursement Voucher Form**
   - Write the TAN#, Requisition number, and Traveler Vendor number on section one of the form.
   - Tape all applicable **original itemized** receipts in **Date Order** to 8 ½ by 11 sheets of white paper.
   - Do not write on receipts.
   - Traveler and the site Administrator signature are required.

2. Attach the following in the original Lawson requisition that was entered for the Traveler.
   - Attach a copy of the Reimbursement form and receipts as one file (packet).

3. Submit the original hard copy Employee Travel Reimbursement Voucher Form and receipts to Accounts Payable Department with all signatures.

4. Accounts Payable reconciles the traveler's receipts to determine appropriate reimbursement. Accounts Payable will verify time and day traveler left and returned in accordance of APS guidelines.

5. Account Payable will process a payment to the traveler with the designated home address on the Employee Reimbursement Voucher and in Lawson

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 $59.00 per day for each full day)
(Meals cannot exceed $20.00 for 2 - 5 hours, $42.00 for 6 - 11 hours, or $59.00 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 07.26.2022/dlt