



# Albuquerque Public Schools

## EMPLOYEE REIMBURSEMENT VOUCHER

To be completed after employee returns from travel  
Attach all Receipts

### Section 1 TRAVELER \*\*\*All fields in Section 1 are required\*\*\*

Travel Authorization Number  Requisitions 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  Actual Partial Days

### 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 Transportation, Parking and Other Expenses Total

Personal Vehicle Actual Miles  Cost Per Mile

Odometer Reading: Beginning  Ending

Total Actual Miles

Total of Other Actual Expenses

Total Actual Reimbursement

### Section 4 SIGNATURES

I acknowledge that the amounts included in this request are 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 ultimately reimbursed to me.

Print Employee Name  Employee Signature

Site Administrator Name  Site Administrator Signature