



San Miguel County



IN-STATE-TRAVEL FORM

TRAVELER: _____ FUND: _____
 DESTINATION: _____ DEPARTMENT: _____
 JUSTIFICATION: _____

ANTICIPATED DEPARTURE		ACTUAL DEPARTURE	
DATE: _____	TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE: _____	TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
FROM: _____		FROM: _____	
ANTICIPATED RETURN		ACTUAL RETURN	
DATE: _____	TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM	DATE: _____	TIME: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
FROM: _____		FROM: _____	

MILEAGE	ANTICIPATED	ACTUAL
PRIVATE (\$308) _____ (miles)	\$ _____	\$ _____
COUNTY CAR (Billed by Motor Pool)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
COMMERCIAL PLANE (will be billed by Travel Service)	\$ _____	\$ _____

PER DIEM

P For meal money when occasional or irregular travel extends the normal work day and overnight lodging is not required

A) LESS THAN 2 HRS = NONE

B) 2 BUT LESS THAN 6 HRS = \$12.00

C) 6 BUT LESS THAN 12 HRS = \$20.00

D) 12 BUT LESS THAN 24 HRS = \$30.00 \$ _____ \$ _____

P For overnight travel for each 24 hour period where overnight lodging is required

A) **IN-OF STATE = \$85.00**

B) **IN-STATE SPECIAL AREAS (Santa Fe Only) = \$135.00** \$ _____ \$ _____

P For a partial day following a 24 hour period where overnight lodging is required

A) LESS THAN 2 HRS = NONE

B) 2 BUT LESS THAN 6 HRS = \$12.00

C) 6 BUT LESS THAN 12 HRS = \$20.00

D) 12 BUT LESS THAN 24 HRS = \$30.00 \$ _____ \$ _____

OTHER COSTS: REGISTRATION FEE, ETC. (ATTACH RECEIPTS) \$ _____ \$ _____

TOTAL COST OF TRIP \$ _____ \$ _____

AMOUNT OF ADVANCE REQUESTED \$ _____ \$ _____

AMOUNT DUE TO/ FROM EMPLOYEE \$ _____ \$ _____

(80% ADVANCE AS PER DFA RULE 95-1. 20% REIMBURSEMENT UPON RETURN) \$ _____ \$ _____

VEHICLE _____	BEGIN _____	END _____
LICENSE NO.: _____	MODEL: _____	YEAR: _____
REQUESTING _____	ODOMETER _____	ODOMETER _____
MILES FUTURE THAN DESTINATION DUE TO (JUSTIFICATION) _____		

APPROVALS	ANTICIPATED	DATE	ACTUAL	DATE
EMPLOYEE _____				
SUPERVISOR _____				
FINANCE _____				