ZUNI PUBLIC SCHOOL DISTRICT
TRAVEL AUTHORIZATION REQUEST

PLEASE TYPE OR PRINT LEGIBLY

DATE OF REQUEST:

NAME:

TITLE:

SCHOOL/DEPT:

DESTINATION:

STARTING POINT:

BUDGET BALANCE:

FUNDING:

SUBMIT 2 WEEKS PRIOR TO TRAVEL

TRAVEL WITHIN WORKDAY

PER DIEM RATE

ACTUAL EXPENSE

(IF LODGING IS PAID WITH A PO, ALL EXPENSES BECOME ACTUAL. PLEASE ATTACH ALL RECEIPTS UPON RETURN).

PLEASE TYPE OR PRINT LEGIBLY

DATE OF REQUEST:

NAME:

TITLE:

SCHOOL/DEPT:

DESTINATION:

STARTING POINT:

BUDGET BALANCE:

FUNDING:

1. ATTACH REQUIRED DOCUMENTATION:
   - Agenda, Memo or Correspondence
   - Professional Development Form - INSTRUCTIONAL STAFF ONLY; Attach Completed Form
   - Registration Requisition
   - Lodging Requisition

2. ATTACH WHEN APPLICABLE:
   - Registration Requisition
   - Lodging Requisition

Title and Dates of Meeting or Conference

ESTIMATED COST:

EST. DEPARTURE DATE/TIME:____________________________________

EST. RETURN DATE/TIME:____________________________________

If using Per Diem Reimbursement enter $85.00 on Subtotal Line
If using Acutal Cost, see Table below to calculate meal allowance
and use actual lodging rates

$ - MEALS

$ - LODGING

$ - Subtotal

$ - Travel Advance @ 80% of Per Diem & Mileage *

$ - SUB-TOTAL * Submit 2 Days Prior to Departure

TRANSPORTATION

$ - Transportation (Plane, Train, etc)

$ - Personal Vehicle @ $0.40/mile ________

$ - Taxi, Other Transportation, Parking

$ - SUB TOTAL TRAVEL

OTHER ESTIMATED COSTS:

$ - Registration Fees

$ - Other:

$ - TOTAL ESTIMATED TRAVEL COST:

ATTACH ALL REQUIRED DOCUMENTATION FOR FASTER PROCESSING

REIMBURSEMENT REQUEST:

OFFICIAL DEPARTURE DATE/TIME:____________________________________

OFFICIAL RETURN DATE/TIME:____________________________________

Please include only the expenses personally paid for

ACTUAL COST | PER DIEM (Use table below)

<table>
<thead>
<tr>
<th>Attach all Receipts</th>
<th>No Receipts</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEALS ONLY</td>
<td>$</td>
</tr>
<tr>
<td>LODGING</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL MEALS/LODGING COST</td>
<td>$</td>
</tr>
<tr>
<td>DEDUCT TRAVEL ADVANCE</td>
<td>$</td>
</tr>
<tr>
<td>TOTAL CLAIMED</td>
<td>$</td>
</tr>
</tbody>
</table>

TRANSPORTATION:

$ Transportation Costs (Plane, Train, etc.)

$ Personal Vehicle @ $0.40/mile ________

TOTAL TRANSPORTATION

OTHER COST:

$ Taxi, Other Transportation, Parking

$ Registration Fees

$ Other:

TOTAL AMOUNT TO BE REIMBURSED

SUBMIT REIMBURSEMENT WITHIN 2 WEEKS OF TRAVEL COMPLETION

DATE TRAVELER

DATE SIGNATURE OF CLAIMANT

____ APPROVED FOR TRAVEL  ____ DISAPPROVED

DATE IMMEDIATE SUPERVISOR

DATE IMMEDIATE SUPERVISOR / DIRECTOR / SUPERINTENDENT

____ APPROVED FOR TRAVEL  ____ DISAPPROVED

DATE SUPERINTENDENT

DATE CFO / DESIGNEE

DATE TRAVELER

DATE IMMEDIATE SUPERVISOR

DATE IMMEDIATE SUPERVISOR / DIRECTOR / SUPERINTENDENT

DATE SUPERINTENDENT

DATE CFO / DESIGNEE

Prorated State Per Diem Rates

<table>
<thead>
<tr>
<th>In-State</th>
<th>Santa Fe (Special)</th>
<th>Out of State</th>
<th>Out of State (Special)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overnight Travel</td>
<td>$85.00</td>
<td>$135.00</td>
<td>$115.00</td>
</tr>
<tr>
<td>ADD: 2-6 Hrs.</td>
<td>$9.00</td>
<td>$9.00</td>
<td>$12.00</td>
</tr>
<tr>
<td>ADD: 6-12 Hrs.</td>
<td>$18.00</td>
<td>$18.00</td>
<td>$24.00</td>
</tr>
<tr>
<td>ADD: 12-23 Hrs.</td>
<td>$30.00</td>
<td>$30.00</td>
<td>$45.00</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>One Day/Non-Oversight (Beyond normal working Hrs)</th>
<th>Standard Meal Allowance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 Hrs.</td>
<td>$0.00</td>
</tr>
<tr>
<td>2-6 Hours</td>
<td>$12.00</td>
</tr>
<tr>
<td>12 Hours</td>
<td>$20.00</td>
</tr>
<tr>
<td>12-23 Hours</td>
<td>$30.00</td>
</tr>
</tbody>
</table>


REVISED JULY 7, 2011---FINANCE