



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: _____

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).**

1. ATTACH REQUIRED DOCUMENTATION:

Agenda, Memo or Correspondence
 Professional Development Form - INSTRUCTIONAL STAFF ONLY; Attach Completed Form

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 Actual 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:

REIMBURSEMENT REQUEST:

OFFICIAL DEPARTURE DATE/TIME: _____
 OFFICIAL RETURN DATE/TIME: _____
Please include only the expenses personally paid for

<u>ACTUAL COST</u> Attach all Receipts	<u>PER DIEM (Use table below)</u> No Receipts
\$ _____	MEALS ONLY
\$ _____	LODGING
\$ _____	TOTAL MEALS/LODGING COST
-	DEDUCT TRAVEL ADVANCE
\$ _____	TOTAL CLAIMED

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

ATTACH ALL REQUIRED DOCUMENTATION FOR FASTER PROCESSING

SUBMIT REIMBURSEMENT WITHIN 2 WEEKS OF TRAVEL COMPLETION

DATE _____ TRAVELER _____

____ APPROVED FOR TRAVEL ____ DISAPPROVED

DATE _____ IMMEDIATE SUPERVISOR _____

____ APPROVED FOR TRAVEL ____ DISAPPROVED

DATE _____ SUPERINTENDENT _____

DATE _____ SIGNATURE OF CLAIMANT _____

____ APPROVED FOR PAYMENT ____ DISAPPROVED

DATE _____ IMMEDIATE SUPERVISOR / DIRECTOR / SUPERINTENDENT _____

____ APPROVED FOR PAYMENT ____ DISAPPROVED

DATE _____ CFO / DESIGNEE _____

	Prorated State Per Diem Rates				One Day/Non-Overnight (Beyond normal working Hrs)	Standard Meal Allowance	
	In-State	Santa Fe (Special)	Out of State	Out of State (Special)		In-State	Out of State
Overnight Travel	\$ 85.00	\$ 135.00	\$ 115.00	\$ 215.00	Less than 2 Hrs.	\$ 0.00	
ADD: 2-6 Hrs.	\$ 9.00	\$ 9.00	\$ 12.00	\$ 12.00	2-6 Hours	\$ 12.00	Breakfast \$ 7.00 \$ 8.00
ADD: 6-12 Hrs.	\$ 18.00	\$ 18.00	\$ 24.00	\$ 24.00	12 Hours	\$ 20.00	Lunch \$ 9.00 \$ 12.00
ADD: 12-23 Hrs.	\$ 30.00	\$ 30.00	\$ 45.00	\$ 45.00	12-23 Hours	\$ 30.00	Dinner \$ 14.00 \$ 25.00

OUT OF STATE SPECIAL: Metropolitan New York City, Washington, D.C., Chicago, Los Angeles, San Francisco, San Diego, Atlanta, Boston, Las Vegas NV, Atlantic City, Philadelphia, Dallas, Ft. Worth and areas outside of the continental United States.