



# 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 \$151.00 on Subtotal Line

If using Actual Cost, see Table below to calculate meal allowance and use actual lodging rates

_____	MEALS
_____	Lodging
_____	Subtotal
_____	<b>Travel Advance @ 80% of Per Diem &amp; Mileage *</b>
\$ -	<b>SUB-TOTAL * Submit 2 Days Prior to Departure</b>

**TRANSPORTATION**

_____	Transportation (Plane, Train, etc)
_____	Personal Vehicle @ \$.45/mile _____
_____	Taxi, Other Transportation, Parking
\$ -	<b>SUB TOTAL TRAVEL</b>

**OTHER ESTIMATED COSTS:**

_____	Registration Fees
\$ -	Other :
\$ -	<b>TOTAL ESTIMATED TRAVEL COST:</b>

**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**

**Attach all Receipts**

\$ _____
\$ _____
\$ _____
-
\$ _____

**PER DIEM (Use table below)**

**No Receipts**

_____	MEALS ONLY
_____	LODGING
_____	<b>TOTAL MEALS/LODGING COST</b>
_____	DEDUCT TRAVEL ADVANCE
_____	<b>TOTAL CLAIMED</b>

**TRANSPORTATION:**

\$ _____	Transportation Costs (Plane, Train, etc.)
\$ _____	Personal Vehicle @ \$.45/mile _____
_____	<b>TOTAL TRANSPORTATION</b>

**OTHER COST:**

\$ _____	Taxi, Other Transportation, Parking
\$ _____	Registration Fees
\$ _____	Other: _____
\$ _____	<b>TOTAL AMOUNT TO BE REIMBURSED</b>

**SUBMIT REIMBURSEMENT WITHIN 2 WEEKS OF TRAVEL COMPLETION**

TRAVELER

\_\_\_ APPROVED FOR TRAVEL \_\_\_ DISAPPROVED

DATE

IMMEDIATE SUPERVISOR

\_\_\_ APPROVED FOR TRAVEL \_\_\_ DISAPPROVED

DATE

DIRECTOR

DATE

SUPERINTENDENT

DATE

SIGNATURE OF CLAIMANT

\_\_\_ APPROVED FOR PAYMENT \_\_\_ DISAPPROVED

DATE

IMMEDIATE SUPERVISOR / DIRECTOR / SUPERINTENDENT

\_\_\_ APPROVED FOR PAYMENT \_\_\_ DISAPPROVED

DATE

SUPERINTENDENT

DATE

DIRECTOR OF FINANCE

	Prorated State Per Diem Rates				One Day/Non-Overnight		Standard Meal Allowance	
	In-State	Santa Fe (Special)	Out of State	Out of State (Special)	(Beyond normal working Hrs)		In-State	Out of State
Overnight Travel	\$ 151.00	\$ 194.00	\$ 151.00	\$ 151.00	Less than 2 Hrs.	\$ 0.00		
ADD: 2-6 Hrs.	\$ 18.00	\$ 18.00	\$ 18.00	\$ 18.00	2-6 Hours	\$ 18.00	Breakfast	\$ 15.00 \$ 15.00
ADD: 6-12 Hrs.	\$ 40.00	\$ 40.00	\$ 40.00	\$ 40.00	12 Hours	\$ 40.00	Lunch	\$ 15.00 \$ 15.00
ADD: 12-23 Hrs.	\$ 55.00	\$ 55.00	\$ 55.00	\$ 55.00	12-23 Hours	\$ 55.00	Dinner	\$ 25.00 \$ 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.