

**CUBA INDEPENDENT SCHOOL DISTRICT  
TRAVEL AUTHORIZATION/REIMBURSEMENT REQUEST FORM  
FOR TRAVEL TAKING PLACE BETWEEN JULY 2022 – JUNE 2023**

Please type or print legibly.

**MUST BE SUBMITTED 5 WORKING DAYS PRIOR TO DEPARTURE**

*An employee must have approval to be absent from his/her regular school duty even if absence is at no expense to the District.*

Request Date: \_\_\_\_\_

Traveler Name and Address	Department/School
<input type="checkbox"/> Employee <input type="checkbox"/> Board Member <input type="checkbox"/> Parent <input type="checkbox"/> Other (Specify): _____	<input type="checkbox"/> In-State Travel <input type="checkbox"/> Out-of-State Travel <input type="checkbox"/> Special Area (as defined by DFA): _____

Purpose of trip and benefit to district: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course Location: \_\_\_\_\_

Destination (City, State): \_\_\_\_\_

Departure Date: \_\_\_\_\_ Departure Time: \_\_\_\_\_ Return Date: \_\_\_\_\_ Return Time: \_\_\_\_\_

Are meals and/or lodging included in the registration fee?   Yes   No

Is a district vehicle available?    Yes (If yes, then no mileage for personal vehicle will be allowed.)    No

ITEM	ESTIMATED AMOUNT
Airline or other Fares: <input type="checkbox"/> PO: _____ <input type="checkbox"/> Traveler Reimbursement	\$
Vehicle: <input type="checkbox"/> District Vehicle <input type="checkbox"/> Private Vehicle (Requires Approval) <input type="checkbox"/> Coach Class Rate Mileage: _____ RT Miles @ \$.45 Map Miles (attach map mileage randmncnally.com) OR Actual Odometer Readings: Begin _____ End _____	\$
Per Diem for Overnight Travel: Days @ \$155.00 (In-State includes meals and lodging) Days @ \$202.00 (In-State: County of Santa Fe - includes meals and lodging) Days @ \$155.00 (Out-of-State includes meals and lodging)	\$
Partial Day Travel: __ Hours @ rates set per regulations (see next page)	\$
Actual Lodging:   PO: _____ OR __ Nights @ \$ _____ per night	\$
Meals per 24-Hour Period:   In-State \$59 x __ 24 hours <input type="checkbox"/> Out-of-State \$59 x __ 24 hours	\$
Miscellaneous Expenses (Gratuity, Parking Fee's, Taxi/Ride Sharing) for _____ days @ \$6.00 per day not to exceed \$30.00 per trip OR <input type="checkbox"/> Reimburse on actual receipts.	\$
Other costs associated with trip such as tax and/or supplies and materials.	\$
Registration Fee for Educational Program or Conference	\$
Total Reimbursement to traveler:	\$
<b>TOTAL ESTIMATED COST TO THE DISTRICT</b>	<b>\$</b>

*I certify this is a true and accurate accounting of the travel expenses authorized on this document and that I have not received reimbursement for this trip from the district or any other outside agency.*

\_\_\_\_\_  
Signature of Traveler

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Business Services Representative

\_\_\_\_\_  
Signature of Superintendent

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Employee must submit a travel reimbursement request *PRIOR* to the time they incur the expense. Receipts must be submitted to the business office no later than 60 days after the expenses were paid or incurred. Failure to do so will forfeit travel reimbursement. Employee returns any excess reimbursements within 120 days after the expense was paid or incurred.

**\*Request to receive optional 80% Travel reimbursements must be requested at least two weeks prior to departure. Actual receipts upon return must be received in the business office within ten (10) working days after the trip is completed. Failure to complete on a timely basis will result in loss of the travel advance privilege.**

**“TRAVEL”** means for per-diem purposes, being on official business away from home as defined in Subsection F of 2.42.2 NMAC and at least 35 miles from the designated post of duty of the public officer or employee.

**MILEAGE RATE:** \$0.45 pursuant to NMAC 2.2.2.11B (1). 80% of the internal revenue service standard mileage rate set January 1 of the previous year for each mile traveled in a privately owned vehicle. Total mileage reimbursement for out of state travel by privately owned automobile shall not exceed the total coach class commercial airfare that would have been reimbursed those traveling had they traveled by common carrier.

**ACTUAL REIMBURSEMENT FOR MEALS:** Actual expenses for meals are limited by Section 10-8-4(K)(2) NMSA 1978 to a maximum of \$59.00 for in-state travel and \$59.00 for out-of-state travel for a 24-hour period.

**RECEIPTS REQUIRED:** Itemized receipts are required for meals, lodging, parking, and other miscellaneous expenses incurred. Under circumstances where the loss of receipts would create a hardship, an affidavit from the officer or employee attesting to the expenses may be substituted for actual receipts. The affidavit must accompany the travel voucher and include a signature from the department head or designee.

**PARTIAL DAY PER-DIEM RATES: (For same day travel these are hours beyond the normal workday)**

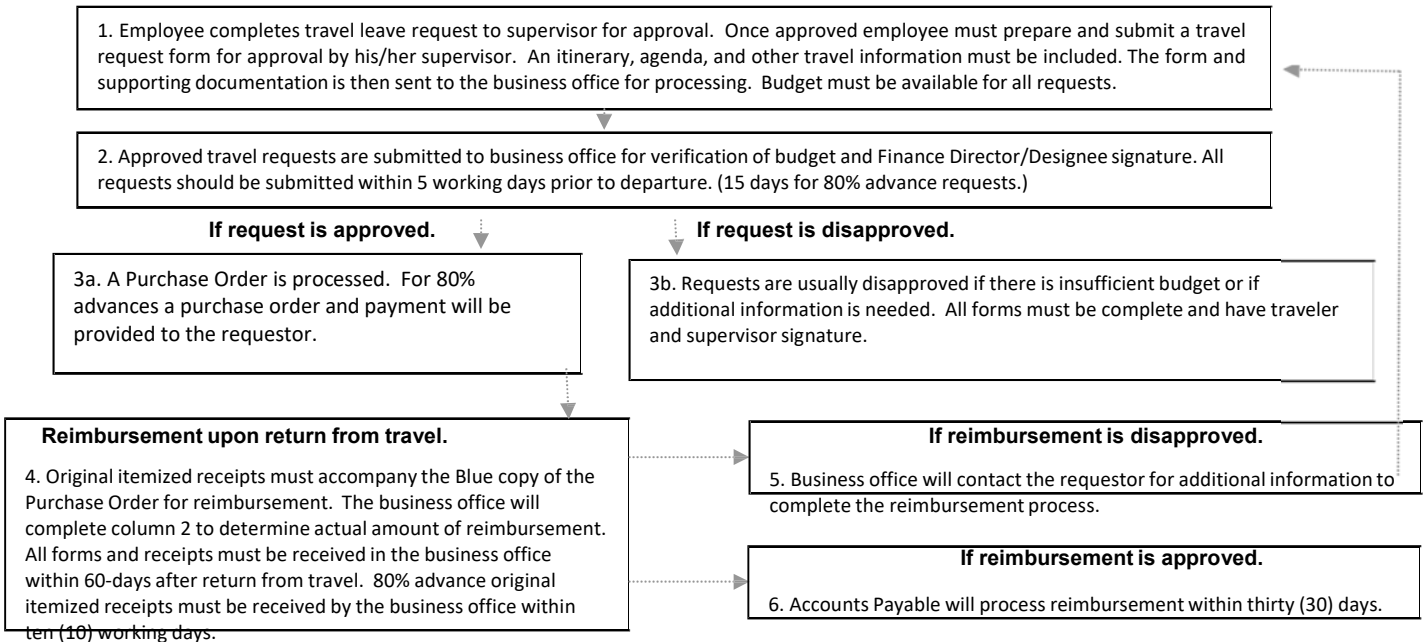
- a. for less than two (2) hours of travel, none;
- b. for two (2) hours, but less than six (6) hours, \$20.00;
- c. for six (6) hours, but less than twelve (12) hours, \$42.00;  
for twelve (12) hours but less than (24) hours, \$59.00.

**IRS REGULATIONS REQUIRE THAT ALL SAME DAY TRAVEL REIMBURSEMENTS BE INCLUDED AS WAGES ON THE EMPLOYEES PAYCHECK. ANY AMOUNTS CLAIMED WILL BE INCLUDED IN EMPLOYEE WAGES!**

**\*\*PER-DIEM (No receipts required) FOR LODGING AND/OR MEALS WHERE OVERNIGHT LODGING IS REQUIRED:**

- |                           |          |   |          |
|---------------------------|----------|---|----------|
| d. in state areas         | \$155.00 | f. out of state areas                                       | \$155.00 |
| e. in state special areas | \$202.00 | g. or actual lodging and meal expenses under 2.42.2.9 NMAC. |          |

**STEPS TO COMPLETION OF TRAVEL REQUEST AND REIMBURSEMENT:**



**IMPORTANT NOTES:**

1. Leave requests must be approved prior to requesting a travel reimbursement.
2. Mileage will only be reimbursed upon approval and if a school vehicle is not available.
3. Allow 10 business days for processing the travel reimbursement Purchase Order. Must be done PRIOR to departure.
4. 80% advances must be submitted to the business office within 15 days of travel.
5. Travel reimbursements should be turned in to the business office within 60 Days after return from travel.
6. Advance travel receipts must be submitted within (10) ten working days upon return from travel. Failure to do will forfeit future advance payments.
7. Actual receipts MUST be itemized, and with sufficient detail to determine allowability.
8. At fiscal year end ALL travel requests must be processed no later than June 30<sup>th</sup>. Failure to do so will forfeit travel reimbursement for that fiscal year.