



Travel Plan & Reimbursement Request for Travel - Page 1

Per Diem & Mileage Act Title 2, Chpt. 42, Part 2 NMAC

Name: _____ Position: _____ Date: _____

Travel Plan Request (Must be completed and approved prior to travel)

Starting Point: _____ Destination: _____ Number of Days: _____

Date of Departure: _____ Time: _____ Date of Return: _____ Time: _____

Purpose of Travel: _____

Payment Preference (Check one)

☐ I request In-State/Out-of-State Per Diem ☐ I request Reimbursement of Actual Expenses.

I request \$ _____ prior to my departure to pay for mileage expenses (note: this amount may not exceed 80% of projected mileage costs and must be submitted 10 days prior to departure).

Complete this section only if travel plans are needed.

Mode of Travel: ☐ Automobile ☐ Airplane **Reservations need to be made:** ☐ Lodging ☐ Conference

Note: if conference/workshop, attach completed registration form.

Lodging Information: Preferred Hotel: _____

Lodging Arrival Date: _____ Lodging Departure Date: _____

Roommate(s): _____

Transportation Information: Preferred Airport: _____

Flight Departure Date: _____ ☐ a.m. ☐ p.m. Flight Return Date: _____ ☐ a.m. ☐ p.m.

Other Pertinent Information/Requests: _____

I request approval for the travel plan and certify that it is necessary for the performance of my job duties. In addition to this form, I have submitted an approved **Related Service Providers Professional Leave and Schedule Change Form**, if appropriate.

Traveler's Signature: _____ Date: _____

Submit this form to HPREC Director of Programs - Travel Plan Must Be Approved Prior to Trip

Office Use Only

Travel Plan: ☐ Approved ☐ Denied

HPREC Director's Signature: _____ Date: _____

Copy to: ☒ Employee ☐ Program ☒ Human Resources ☐ Business Manger

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Payment (Complete one of the three sections and submit upon return)

☐ **In-State Per Diem: Partial-Day** (Public officers or employees who occasionally and irregularly travel shall be reimbursed for travel which does not require overnight lodging, but **extends beyond a normal work day**, as follows*).

For less than 2 hours of travel beyond normal work day	None	I request partial-day per diem for \$ _____ in accordance to NMAC 2.42.2.8. Automobile (Private) Miles**: _____ X .47 cents per mile = _____, not to exceed plane fare. Note: Mileage starts from designated post of duty or from the point of origin, if closer to the destination than the designated post of duty.
For between 2 hours, but less than 6 hours	\$20.00	
For between 6 hours, but less than 12 hour.	\$42.00	
For between 12 hours, but less than 24 hour.	\$59.00	

* For definition of "occasionally", "irregular", and "normal work day" refer to NMAC 2.42.2.8

** Automobile (Private) Miles may not exceed plane fare. Mileage starts from designated post of duty or from the point of origin, if closer to the destination than the designated post of duty.

☐ **In-State Per Diem: Overnight Travel** (When lodging and/or meals are provided or paid for by the agency or another entity, the public officer or employee is entitled to reimbursement for actual expenditures only).

In State	\$155.00	I request overnight travel per diem for \$ _____ in accordance to NMAC 2.42.2.8. I understand that this per diem covers all travel expenses with the exception of mileage. Automobile (Private) Miles**: _____ X .47 cents per mile = _____, not to exceed plane fare. Note: Mileage starts from designated post of duty or from the point of origin if closer to the destination than the designated post of duty.
Santa Fe	\$202.00	
Out of State	\$155.00	

** Automobile (Private) Miles may not exceed plane fare. Mileage starts from designated post of duty or from the point of origin if closer to the destination than the designated post of duty.

☐ **Reimbursement for Actual Expenses** (An employee may elect to be reimbursed for actual expenses in lieu of the per diem rate. In this case, HPREC typically makes lodging reservations for the employee and the employee submits receipts for actual expenses such as meals and other allowable expenses per following table).

Registration Fee (Not including meals). Receipt or copy of cancelled check must be attached	\$ _____
Taxi, Parking Fee(s), Tips, or other mode of transp. Receipts must be included.	\$ _____
Meals (Max. of \$59.00 In-State; \$59.00 Out-of-State. Receipts must be included).	\$ _____
Automobile (Private) Miles: _____ x .47 cents per mile, not to exceed plane fare. Note: Mileage starts from designated post of duty or from the point of origin, if closer to the destination than the designated post of duty.	\$ _____
Plane/Train: Amount of air/train fare (Receipt must be included with this form).	\$ _____

Travel Subtotal: \$ _____

80% Travel Advance: - \$ _____

Total Reimbursement Request: \$ _____

I hereby certify that the above travel was done concerning authorized HPREC/School business and that the above statement is correct and payment has not been received.

Traveler's Signature: _____

Date: _____

Submit this form to HPREC Director of Programs upon Return

Office Use Only

Expenditures: ☐ Approved ☐ Denied

HPREC Director's Signature: _____

Date: _____