

**Travel Plan & Reimbursement Request Pre-Approval Form**

Per Diem &amp; Mileage Act Title 2, Chapter 42, Part 2 NMAC

Traveler: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Payment Preference (check one)**

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

**80% Advance (select if applicable)**

- ☐ I request \$\_\_\_\_\_ prior to my departure to pay for mileage expenses (Note: This amount may not exceed 80% of applicable per diem rate and must be submitted 10 days prior to departure) ☐ I request \$\_\_\_\_\_ prior to my departure to reimburse 80% of my air/train fare (Note: Must include Proof of Payment with the travel itinerary and traveler's name)

**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: \_\_\_\_\_

**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: \_\_\_\_\_ Flight Departure Time: \_\_\_\_\_ ☐ AM ☐ PM

Flight Return Date: \_\_\_\_\_ Flight Return Time: \_\_\_\_\_ ☐ AM ☐ PM

Other Pertinent Information or Requests: \_\_\_\_\_

I request approval for the above 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: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Submit this form to the HPREC Business Manager – Travel Plan must be approved PRIOR to trip.**

HPREC ADMIN Signature: \_\_\_\_\_ Date: \_\_\_\_\_