

CIMARRON MUNICIPAL SCHOOLS

165 N. COLLISON AVE., CIMARRON NM, 87714
Phone: (575) 376-2445 Fax: (575) 376-2442

“A Legacy of Excellence”

Travel Authorization & Procedure

ALL REQUESTS FOR TRAVEL MUST BE APPROVED AT LEAST TWO WEEKS PRIOR TO WORKSHOP/CONFERENCE.

Prior to Workshop/Conference:

- Obtain an agenda for the workshop/conference.
- Obtain verbal approval from supervisor to attend conference.
- Make arrangements with the site secretary to ensure coverage.
- Make your hotel/motel reservation and enter information on the Reimbursement Request Form. (Cimarron Schools will pay for hotel/motel accommodations \$85 - \$115 per night). Book with your personal credit card.
- Reimbursement Assurance Section requires your signature.
- Submit completed packet to Principal for approval.
- Principal: Send to Admin for approval.
- Check with District Office for payment prior to leaving for workshop.
- **Cancellation for workshop/conference requires minimum of 48 hours prior to departure. Please cancel your own hotel reservations and notify your site secretary and Admin.**

Once approved by Superintendent:

- District Office will calculate Meal Reimbursement based on agenda.
- District Office will contact hotel and give the credit card info.

Upon Return:

1. Submit receipts - only receipts submitted for reimbursement (**to site secretary**) within five days will be paid. Receipts must be itemized and will not include alcohol.
2. Submit verification/proof of attendance (agenda, sign in, name badge, etc)

If District Vehicle is needed:

1. Complete the District Vehicle Use Form
2. Contact Bus Barn at 575-376-4501 to reserve vehicle minimum two weeks before departure.
3. When a vehicle is not needed please cross out form and submit with completed packet.
4. Mileage Reimbursement will be paid at .47 per mile only when a district vehicle is not available.

Questions: Please call district office at 575-376-2445 ext 103 or email Angelica Gonzales at angonzales@cimarronschools.org

Thank you!

Cimarron Municipal Schools
TRAVEL REIMBURSEMENT REQUEST FORM

TRIP APPROVAL REQUEST

NAME: _____ DATE: _____

TITLE: _____ DEPT./SCHOOL: _____

STARTING POINT: _____ DESTINATION: _____

DEPARTURE DATE: _____ @ _____ : _____ PM/AM

RETURN DATE: _____ @ _____ : _____ PM/AM

PURPOSE OF TRIP: _____

Actual Costs:

Subject to the approval of the superintendent of schools, an employee or board member may submit a written request for approval of actual expenses. Such expenses are restricted to reimbursement for actual expenses for lodging and reimbursement for actual expenses for personal meals, not to exceed \$59.00 in state or out of state (Breakfast-\$12.00, Lunch-\$22.00, Dinner-\$25.00). All such requests must have attached receipts as documentation. Employees must turn in **itemized** receipts to be eligible for reimbursement. If meal is provided by lodging or event, no reimbursement will be paid.

Mode of Travel:

Plane (Tourist) (Common Carrier Ticket Cost)\$ _____

Auto: (miles @ .47 cents not to exceed plane fare).....\$ _____

Odometer Readings: (necessary only if official map mileage not available)

Beginning Mileage: _____ Ending Mileage: _____ Total Mileage: _____

Lodging:

Name of Hotel/Motel: _____

Confirmation #: _____

Cost of lodging: _____

Other Costs:

Taxi or other transportation, parking, tips, etc.

(over \$6 per day or \$30 per trip) Must have receipts \$ _____

TOTAL TO BE REIMBURSED TO TRAVELER \$ _____

Travel Advances:

Written Requests for out of state travel for advance travel for actual costs (limited to 80% of costs) may be approved at the discretion of the superintendent. Any excess funds resulting from the payment of projected actual costs shall be returned to the Business Office with receipts within five (5) days of the employee's return.

Principal or Supervisor Signature: _____ **Date:** _____

Superintendent: _____ **Date:** _____

Budget Available - Fund & Line Item Number: _____

REIMBURSEMENT REQUEST:

I hereby certify that the above travel was done in connection with authorized school business, **thirty-five miles away from my designated post of duty**, and that the above statement is true and payment thereof has not been received.

Signature of Claimant: _____

Date: _____

MAP MILEAGE

Fr: Cimarron	To: Albuquerque - 217	Raton - 40
	Clayton - 110	Roy - 73
	Des Moines - 77	Ruidoso - 282
	Eagle Nest - 23	Santa Fe - 154
	Farmington - 278	Springer - 26
	Las Cruces - 436	Taos - 54
	Las Vegas - 91	Wagon Mound - 52
	Maxwell - 26	

Fr: Eagle Nest	To: Santa Fe - 101 (over Taos Pass)
	Albuquerque - 164 (over Taos Pass)

*****If a District Vehicle is available, you will not be reimbursed for mileage*****

VEHICLE/ACTIVITY TRIP REQUEST FORM

Date(s) Needed: _____

Time keys will be picked up: _____

Person requesting use: _____

Vehicle Requested: **1 Expedition** **2 Suburban** **3 Suburban** **5 Suburban** **6 Suburban**
 8(Driver +7) 9(Driver+8) 9(Driver+8 E/N) 9(Driver+8) 9(Driver+8 E/N)

Mileage start: _____

Mileage end: _____

List of occupants by name:

****Driver:** _____ # Other Adults

****Students:** _____

Destination of trip: _____

Time of departure: _____ **Time of return:** _____

Reason of trip: _____

****Route to be taken:** _____

Signature

Date: _____

APPROVALS:

Principal

Date: _____

Superintendent

Date: _____

****Required Fields if transporting students.**

Driver must have request form in their possession while on activity!!