

# Travel Authorization Procedures

Complete the Travel Reimbursement Request Form (Attached and also located on Cimarron Schools Website under Administration Tab)

1. ALL REQUESTS FOR TRAVEL MUST BE APPROVED AT LEAST TWO WEEKS PRIOR TO WORKSHOP/CONFERENCE.
2. Obtain an Agenda for the workshop/conference.
3. Submit completed packet to Principal for approval.
4. Reimbursement Assurance Section requires your signature.
5. Make arrangements with the site secretary to ensure coverage.
6. Anita will calculate Meal Reimbursement based on agenda.
7. 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).
8. Do Not Use Personal Credit Card. Anita will contact hotel and give the credit card number to hold room
9. Check with Anita for payment prior to leaving for workshop.
10. Receipts must be itemized and will not include alcohol.
11. Upon return, only receipts submitted for reimbursement **(to site secretary)** within five days will be paid.
12. Cancellation for workshop/conference requires minimum of 48 hours prior to departure. Please cancel your own hotel reservations and notify your site secretary.

## Complete the District Vehicle Use Form

1. Contact Elizabeth DeCristino at 575-376-4501 to reserve vehicle minimum three days before departure.
2. When a vehicle is not needed please cross out form and submit with completed packet.
3. Mileage Reimbursement will be paid at .32 per mile only when a District Vehicle is not available.

**If you need further assistance, do not hesitate in contacting me at Extension 103**

**CIMARRON MUNICIPAL SCHOOLS  
TRAVEL REIMBURSEMENT REQUEST FORM**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

TITLE: \_\_\_\_\_ DEPT./SCHOOL \_\_\_\_\_

STARTING POINT: \_\_\_\_\_ DESTINATION: \_\_\_\_\_

DEPARTURE DATE: \_\_\_\_\_ AM \_\_\_\_\_

RETURN DATE: \_\_\_\_\_ PM \_\_\_\_\_

Actual Return Time \_\_\_\_\_ PM \_\_\_\_\_

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 \$55.00 in state (Breakfast-\$10.00, Lunch-\$20.00 Dinner-\$25.00), \$55.00 out of state per day (Breakfast-\$10.00, Lunch-\$20.00, Dinner-\$25.00). All such requests must have attached receipts as documentation. Employees must turn in itemized receipts to be eligible for reimbursement. If a meal is provided by lodging or event, no reimbursement will be paid.

\$ \_\_\_\_\_

**Mode of Travel:**

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

Auto: .32 cents per mile not to exceed plane fare \$ \_\_\_\_\_

Odometer Readings: Necessary only if official map mileage is 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 advance travel for out of state for actual costs (limited to 80% of cost 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 Immediate Supervisor

\_\_\_\_\_  
Superintendent

\_\_\_\_\_  
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 designed 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 # \_\_\_\_\_

*Cimarron Municipal Schools*  
**DISTRICT VEHICLE USE FORM**  
(Authorization for school sponsored activity/trip)

Date of Request: \_\_\_\_\_ Driver: \_\_\_\_\_

Date(s) of Activity/Trip: \_\_\_\_\_

Vehicle Pick Up Date: \_\_\_\_\_ Vehicle Drop Off Date: \_\_\_\_\_

Time of: Departure: \_\_\_\_\_ Return: \_\_\_\_\_

School Site: \_\_\_\_\_

Destination of trip: \_\_\_\_\_

Purpose of trip: \_\_\_\_\_

Number of Students: \_\_\_\_\_ Number of Adults: \_\_\_\_\_ Total: \_\_\_\_\_

**Must be completed for accounting purposes.**

Name of Activity Acct.:	Name of Grant Acct.:
<b>Or Check One Below:</b>	
CHS	Athletics
CES	01 Operational (Computer, Music Band, Art)
CMS	02 Operational (Nurse, Speech, SE)
ENES	District Travel
ENMS	Other specify

MILEAGE: Depart: \_\_\_\_\_ Return: \_\_\_\_\_

*I certify that the above trip is sponsored by the school district and transportation costs are paid from public school or school activity funds.*

\_\_\_\_\_  
Building Principal's Signature

\_\_\_\_\_  
Superintendent's Signature

(Signature's Required on all activity /trip tickets)

**\*\* UPON RETURN EACH EMPLOYEE IS REQUIRED TO FUEL AND CLEAN THE VEHICLE.**

**THANK YOU ☺**

**\*\* GAS TICKETS MUST BE ATTACHED TO THIS FORM**