



SAN JUAN COUNTY, N.M. - TRAVEL AUTHORIZATION FORM

REVISED 1/04/12

EMPLOYEE: _____ DATE: _____
DEPARTMENT: _____ TITLE: _____
LINE ITEM: _____
FUNCTION ATTENDING: _____ LOCATION: _____

TRAVEL ITINERARY

ANTICIPATED DEPARTURE:

DATE: _____
TIME: _____
FROM: _____

ANTICIPATED RETURN:

DATE: _____
TIME: _____
FROM: _____

MILEAGE (please check only one)

- Private car, Private plane, County car, Commercial plane options with checkboxes and associated costs.

ESTIMATED TOTAL FOR MILEAGE (include airfare if applicable) \$ _____

EMPLOYEE MAY REQUEST PER DIEM OR ACTUAL EXPENSES AS FOLLOWS. HOWEVER, IF THERE IS A REGISTRATION FEE CHARGED AND IT INCLUDES ANY MEALS, THE EMPLOYEE MUST TRAVEL VIA ACTUAL EXPENSES AND CLAIM ONLY THE MEALS THE EMPLOYEE PAYS FOR.

PER DIEM

A. FOR OVERNIGHT TRAVEL FOR EACH 24 HOUR PERIOD WHEN OVERNIGHT LODGING IS REQUIRED.

- 1) In-State = \$85.00
2) In-State special area: Santa Fe = \$135.00 (effective 09/08/04)
3) Out-of-State = \$115.00

Section A - Amount: \$ _____

B. FOR A PARTIAL DAY FOLLOWING A 24 HOUR PERIOD WHERE OVERNIGHT LODGING IS REQUIRED.

- 1) Less than 2 hours = NONE
2) For 2 hours but less than 6 hours = \$12.00 (effective 9/21/04)
3) For 6 hours but less than 12 hours = \$20.00 (effective 9/21/04)
4) For 12 hours or more = \$30.00 (effective 9/21/04)

Section B - Amount: \$ _____

C. FOR PARTIAL DAY TRAVEL THAT EXTENDS BEYOND THE NORMAL WORK DAY AND NO OVERNIGHT LODGING IS REQUIRED.

(Normal work day means 8 hours within a nine-hour period regardless of regular work schedule.)
Same as (B) Partial day travel following a 24 hour period.

Section C - Amount: \$ _____

ESTIMATED TOTAL FOR PER DIEM: \$ _____

ACTUAL EXPENSES (in lieu of per diem) (RECEIPTS WILL BE REQUIRED UPON RETURN FROM TRAVEL)

A. ESTIMATED LODGING EXPENSES: Attach lodging confirmation if available (not to exceed \$215 per night without prior written authorization per Resolution No. 04-05-12)

Section A - Amount: \$ _____

B. ESTIMATED MEAL EXPENSES: (not to exceed \$30 per 24-hour period for in-state travel and \$45 per 24-hour period for out-of-state travel per Resolution No. 04-05-12)

Section B - Amount: \$ _____

C. RETURN FROM OVERNIGHT TRAVEL: On the last day of travel when overnight lodging is no longer required, partial day per diem shall be made as follows:

- 1) Less than 2 hours = NONE
2) For 2 hours but less than 6 hours = \$12.00 (effective 9/21/04)
3) For 6 hours but less than 12 hours = \$20.00 (effective 9/21/04)
4) For 12 hours or more = \$30.00 (effective 9/21/04)
5) No reimbursement for actual expenses will be granted in lieu of per diem rates.

Section C - Amount: \$ _____

ESTIMATED TOTAL FOR ACTUAL EXPENSES: \$ _____

REGISTRATION FEE (if requesting registration fee, attach registration information)

Payable to: _____ \$ _____
Does this reg. fee include any meals? [] yes [] no

ESTIMATED TRIP TOTAL FOR MILEAGE, PER DIEM OR ACTUAL EXPENSES, REG. FEES:

\$ _____

ESTIMATED TOTAL TO BE PAID TO EMPLOYEE: (not including airfare or registration fee, if any)

\$ _____

ADVANCED REQUIRED: [] yes [] no If advance is requested, paperwork must be to Finance Dept. one week prior to travel - Purchasing card holders MAY NOT request an advance

IF ADVANCE IS REQUESTED, EMPLOYEE SHALL BE ADVANCED 80% OF THE ESTIMATED AMOUNT FOR REIMBURSEMENT BASED ON MILEAGE AND PER DIEM OR 80% OF THE ESTIMATED AMOUNT FOR REIMBURSEMENT BASED ON ACTUAL COSTS. THE EMPLOYEE SHALL REMIT WITHIN 5 WORKING DAYS OF RETURN FROM TRIP A REFUND OF ANY EXCESS ADVANCE PAYMENT TO THE FINANCE DEPARTMENT. FURTHER, IF ADVANCE IS REQUESTED FOR ACTUAL EXPENSES, THE EMPLOYEE SHALL PROVIDE RECEIPTS TO THE FINANCE DEPARTMENT WITHIN 5 WORKING DAYS OF RETURN FROM TRIP ON A TRAVEL RECONCILIATION FORM TO RECEIVE PAYMENT FOR THE ACTUAL COST OF THE TRIP LESS THE ADVANCE.

SIGNATURES (NOTE: Employee signatures must be notarized or witnessed only if advance is requested)

I swear that the above account is true and correct to the best of my knowledge.

EMPLOYEE SIGNATURE: _____

NOTARY: Subscribed and sworn before me at _____ this _____ day of _____, 20____.

Signed: _____ Comm. Expires: _____ (seal)

In lieu of notarization, signature witnessed by:

Witness: _____

DEPT. HEAD SIGNATURE (for employees other than elected offices)

DATE

AUTHORIZING SIGNATURE

(Elected Official for Elected Official offices; County Executive Officer for all other County Employees; Authorized designee by entities for which the County acts as fiscal agent)

DATE