

DOÑA ANA COUNTY HEAD START

IN-STATE TRAVEL REQUEST

(Please read Travel Request Instructions & Information)

Date: _____

Name: _____ Title: _____

Starting Point & Destination: _____

Dates of Travel: From: _____ To: _____

Estimated Time of Departure: _____

Estimated Time of Return: _____

Purpose of Trip: _____

Estimated Cost of Trip

Mode of Transportation:

Auto: Official _____ Private _____ Miles _____ @ .555/mile \$ _____

Airline (Ticket Stub must be submitted for reimbursement) \$ _____

Registration Fees Paid & Processed by Employee _____ \$ _____
Paid & Processed by Department _____ \$ _____

Ground Travel (Rental Car) \$ _____

Lodging (Circle # in Room) 1 2 3 4 Recommend no more than 2/room \$ _____

(Any additional over 2 and per diem will be reduced accordingly) Roommate Name: _____

Parking Fees \$ _____

Other Travel Costs (Taxi, Tips, Shuttle, To & From Airport)(Please specify) \$ _____

Administrative Office Use Only

Per Diem: _____ Days @ \$ _____ \$ _____

(Will be completed after return - based on lodging verification)

Partial Per Diem: _____ Hours @ _____ \$ _____

Total Estimated Reimbursement to Traveler: \$ _____

Supervisor Date

Director Date

Approved: _____

Approved: _____

With no reimbursement of
University funds

Disapproved: _____

A completed copy of the request will be returned to the employee.

DOÑA ANA COUNTY HEAD START

LOCAL IN-STATE TRAVEL OR TRAINING REQUEST

(Please read Travel Request Instructions & Information)

Date: _____

Name: _____ Title: _____

Location of Training: _____

Dates of Travel or Training: From: _____ To: _____

Time of Training: _____

Purpose of Travel or Training: _____

	Estimated Cost of Trip/Training	DO NOT COMPLETE IF NO COST
Mode of Transportation:		
Auto: Official _____ Private _____ Miles _____ @ .555/mile	\$	_____
Airline (Ticket Stub must be submitted for reimbursement)	\$	_____
Registration Fees 1) Paid & Processed by Employee _____	\$	_____
2) Paid & Processed by Department _____	\$	_____
(Please attach registration documents)		
Ground Travel (Rental Car) _____ Yes _____ NO	\$	_____
Lodging (Circle # in Room) 1 2 3 4 Recommend <u>no more than 2</u> /room	\$	_____
<i>(Any additional over 2 and per diem will be reduced accordingly)</i> Roommate Name: _____		
Parking Fees	\$	_____
Other Travel Costs (Taxi, Tips, Shuttle, To & From Airport)(Please specify)	\$	_____

Administrative Office Use Only

Per Diem: _____ Days @ \$ _____	\$ _____
(Will be completed <u>after</u> return - based on lodging verification)	
Partial Per Diem: _____ Hours @ _____	\$ _____
Total Estimated Reimbursement:	\$ _____
_____ Supervisor Date	Approved: _____ Approved: _____ With no reimbursement of University funds
_____ Director Date	Disapproved: _____

A completed copy of the request will be returned to the employee.