



Norma Cavazos, Superintendent

Jason Binion, Business Manager/AD

SY 2018-2019

Jemez Mountain Public Schools #56

Travel Reimbursement Form

SY: 2018-2019

Name _____

Date of Departure _____

Title _____

Departure Time _____

Starting Point _____

Date of Return _____

Destination _____

Return Time _____

Purpose of Trip _____

**(Attach copy of Approved Professional Leave Form)
Reimbursement**

Meals must be within a 24 hour period in State for a total of \$30 each meal should not exceed \$10/
\$45.00 out of State **(Receipts Required) Meals will not be paid for a day meeting or workshop.** _____

Mileage Claimed _____ X \$.32 **(Rand McNally Mileage/Map Attached)** _____

Airplane Coach Fare (Attach Receipts) _____

Parking (Attach Receipts) _____

Rental Car (Attach Receipts) _____

Local Transportation (Maximum of \$6.00 per day/\$30.00 per trip without Receipts - Taxi/Bus Fair) _____

Registration (Attach Receipts) _____

Total to be Reimbursed to Traveler _____

I hereby certify that the above travel was done in connection with authorized school business that preceding statement is true and that payment thereof has not been received.

Traveler's Signature

Date

Principal/Director Approved
 Disapproved

Superintendent Approved
 Disapproved

Principal's Signature

Date

Superintendent's Signature

Date

Business Manager's Signature

Date

Expenditure Fund/Line Item:

Antonette Serrano
President

Emily Vigil
Vice-President

Robert Vigil
Board Secretary

Pearl Trujillo
Board Member

Veronica Trujillo
Board Member