

**Maxwell Municipal Schools  
Travel Reimbursement Request**

**\*\*Professional Leave must be approved prior to Trip\*\***

Name \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Starting Point \_\_\_\_\_ Destination \_\_\_\_\_

Date of Departure \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Date of Return \_\_\_\_\_ Time \_\_\_\_\_ AM / PM

Purpose of Trip (Attach copy of notice of Seminar, Workshop, etc.) \_\_\_\_\_

Per Diem

**FOR NON-OVERNIGHT OR ADDITIONAL TRAVEL BEYOND 24 HOURS, THE FOLLOWING AMOUNTS APPLY:**

Less than 2 hours of travel beyond a normal 8 hour workday .....	None
For 2 hours, but less than 6 hours beyond a normal 8 hour workday .....	\$ 12.00
For 6 hours, but less than 12 hours beyond a normal 8 hour workday .....	\$ 20.00
For 12 hours or more beyond a normal 8 hour workday .....	\$ 30.00

**THE FOLLOWING AMOUNTS APPLY FOR TRAVEL WHERE OVERNIGHT LODGING IS REQUIRED:**

In-State for every 24 hour period .....	\$ 85.00
In-State (special area designation - Santa Fe) .....	\$135.00
Out of State for every 24 hour period .....	\$115.00
Out of State (special area designation: New York City, Washington D.C., Chicago, Los Angeles, San Francisco, Palm Springs, San Diego, Atlanta, Boston, Las Vegas, Atlantic City, Philadelphia, and Dallas/Ft. Worth. Also, outside the Continental United States including Alaska and Hawaii) .....	\$215.00

Total Hours \_\_\_\_\_ Amount Due \$ \_\_\_\_\_

Other Expenses

Registration Fee (not including meals) (Receipts required) ..... \$ \_\_\_\_\_

Hotel Accommodations (receipts required) ..... \$ \_\_\_\_\_

Meals (receipts required; not Applicable if per diem received) ..... \$ \_\_\_\_\_

**\*School Car Available ..... YES or NO (Circle One) Initials \_\_\_\_\_**

Personal Vehicle Use (Requires prior approval)

Beginning Odometer Reading \_\_\_\_\_ Ending Odometer Reading \_\_\_\_\_

Total Approved Miles \_\_\_\_\_ x .32 cents per mile ..... \$ \_\_\_\_\_

Air Fare (receipts required) ..... \$ \_\_\_\_\_

Taxi or other Transportation costs, parking, etc. (receipts required) ..... \$ \_\_\_\_\_

Total to be reimbursed ..... \$ \_\_\_\_\_

80% Prior to Travel ..... \$ \_\_\_\_\_

20% After Travel ..... \$ \_\_\_\_\_

**WRITTEN REQUEST FOR ADVANCE OF 80% OF ALLOWABLE REIMBURSEMENT**

I hereby request 80% of per diem and other travel costs covered by this reimbursement request. I acknowledge my responsibility to repay the District if travel is not completed as approved.

\_\_\_\_\_  
REQUESTOR'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERINTENDENT

\_\_\_\_\_  
BUSINESS MANAGER