



LOS ALAMOS

LOS ALAMOS COUNTY OUT-OF-STATE TRAVEL

PRE-AUTHORIZATION AND REIMBURSEMENT REQUEST FORM

Effective
07/01/2018

Pre-authorization Request

<-----CHECK ONE----->

Reimbursement Request

DATE :	ACCOUNTING CODE :	EMPLOYEE # :	P-CARD # (LAST 4 DIGITS):
EMPLOYEE NAME:		DEPARTMENT :	
PURPOSE OF TRAVEL:		DESTINATION :	
DEPART DATE/TIME:		RETURN DATE/TIME:	
OFFICIAL BUSINESS (excluding travel time en route) ** ATTACH SUPPORTING DOCUMENTATION:RECEIPTS/AGENDA/BROCHURE			
BEGINNING DATE/TIME:		ENDING DATE TIME :	

OUT-OF-STATE MEALS

0	Days	\$60.00	0.00
0:00	Hours	\$2.50	0.00
Less Meals Provided:			
Breakfast		\$ 13.00	0.00
Lunch		\$ 20.00	0.00
Dinner		\$ 27.00	0.00
TOTAL MEALS ----->			\$ -

MILEAGE

ONLY if using personal vehicle

Section I: Enter data in this section for **ALL** mileage claims.

Los Alamos Miles 0.545 \$0.00

Section II: Enter data in this Section **IF** your departure/return point is **NOT** Los Alamos

Departure Point: Miles 0.545 \$0.00

Destination Point: Return Point:

Section III: My normal commute miles are: (You **MUST** enter data if you entered data in Section II)

Commute RT Miles Residence: Destination: Los Alamos

TOTAL AUTHORIZED MILEAGE = 0 Miles

TOTAL MILEAGE -----> \$ -

IF USING A COUNTY VEHICLE, PLEASE PROVIDE THE UNIT NUMBER HERE:

TOTAL DUE TRAVELER:**\$ -**

PLEASE PROVIDE BELOW ESTIMATED EXPENSES FOR PRE-AUTHORIZATION REQUEST AND ACTUAL EXPENSES FOR REIMBURSEMENT REQUEST

P CARD EXPENSE INFORMATION:				TOTAL MEALS AND MILEAGE	\$ -
LODGING (SEE NOTE*):	AIR FARE:	SHUTTLE/TAXI:		TOTAL P CARD CHARGES:	\$ -
REGISTRATION EXPENSE:	CAR RENTAL:	PARKING/OTHER:		TOTAL OF ALL TRAVEL:	\$ -
PLEASE EXPLAIN OTHER:				LESS: TOTAL AMOUNT PRE-AUTHORIZED:	

AMOUNT (OVER) OR UNDER: \$ -

LODGING BASE RATE PER NIGHT =

(Base Rate is the nightly rate before taxes and fees)

*Pursuant to the Travel Policy, standard accommodations for lodging are permitted at actual costs as specified below. Limits for lodging are as follows:

a) Not to exceed \$185.00 base rate per night plus tax except for high cost areas (refer to Appendix A of the Travel Policy for list of high cost areas).

b) Not to exceed \$250.00 base rate per night plus tax for high cost areas (refer to Appendix A of the Travel Policy for list of high cost areas).

If estimated or actual lodging exceeds the the base rates above, justification must be provided and approved by the Approving Authority.

I certify that the expenses listed above were necessary in the transaction of business for Los Alamos County and, if applicable, I certify that I have the minimum limits of insurance as set forth in the State of New Mexico's Mandatory Financial Responsibility Act.

TRAVELER'S SIGNATURE :

Signature Required

DATE: