



APPENDIX D
LOS ALAMOS COUNTY
One Day Travel Form

Effective 07/01/2018

Employee Name:		Employee #:	
Department:		Accounting Code:	
Purpose of Travel:			
Location:	, NEW MEXICO		
Date of Travel:		Departure Time:	
	Day 1	Return Time:	
		Total Hours:	0

Travel Dates for Multiple One-Day Travel Requests:					
	Day 2	Day 3	Day 4	Day 5	Day 6

Official Business (excluding travel time en route):

Beginning Time:		Ending Time :		Total Hours:	0
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MEALS				
Less than 5 hours		@	\$0.00	0.00
5 hours or more but less than 12		@	\$10.00	0.00
12 hours or more but less than 18		@	\$25.00	0.00
For 18 or more hours		@	\$45.00	0.00
				\$0.00

MILEAGE		2018 Standard Mileage Rate = 0.545 cents/mile
Section I: Enter information in this section for <u>all</u> mileage claims.		
Los Alamos		\$0.00
Section II: Enter information in this Section if your departure/return point is NOT Los Alamos		
Departure Point:		\$0.00
Destination Point:		
Return Point:		
Section III: My normal commute miles are: (You <u>must</u> enter data if you entered data in Section II.)		
Commute (RT):		
Residence:	Destination: LOS ALAMOS	
Authorized Mileage		0
		\$0.00

Mileage is calculated using the lesser of:
(a) Residence as point of departure to point of destination, or
(b) Los Alamos work location as point of departure to point of destination, or
(c) Mileage is -0- if (a) or (b) is less than normal round trip commute distance to work

If using a County vehicle, please provide Unit Number here:

List Other Expenses: (Receipts Required)

		\$0.00
		\$0.00
Total Reimbursement Request		\$0.00

PLEASE ATTACH SUPPORTING DOCUMENTATION, SUCH AS MEETING AGENDA, TRAINING BROCHURE, PARKING RECEIPTS, ETC.

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: _____