

Region IX Education Cooperative

237 Service Road, Ruidoso NM 88345 P: (575)257.2368 F: (575)257.2141

Travel Expense Request Form

Conference Flyer or Agenda Required to process

First/Last Name:	Abbie Normal	Destination:	Atlanta, GA
Department:	Related Services	Request Date:	12/20/13

Trip Start Date: 03/27/14 **Trip End Date:** 03/30/14

How is this travel aligned with your program's goals?

Conference Name: Is it Sensory? Or is it Behavior? Assessment and Intervention Tools for OT's, PT's and SLP's. This workshop will focus on the underlying causes of challenging behavior that impact performance and functional outcomes.

Must claim actuals if any meals are provided and/or hotel is paid by Region IX. (Actual meal reimbursement maximum of \$30.00 for in-state and \$45.00 for out of state within a 24 hour period). Lodging over \$215.00 must be approved by the Executive Director prior to travel. Mark an "X" to state whether you qualify for per diem or actual reimbursement. Mark an "X" with description next to mode of travel.

Per Diem:	<input type="checkbox"/>	Mode of Travel:	Other(Plane, Bus):	Plane
Actual:	X		Agency Vehicle:	<input type="checkbox"/>
			Carpool:	<input type="checkbox"/>

Expenses:

	Estimated # of Miles	Amount	Vendor or Payee	Reference PO# for office use only
Mileage:	400.00	\$176.00	Abbie Normal	
Transportation: <small>Airfare, bus, subway: Payee may request reimbursement prior to travel</small>		\$576.00	Southwest Airlines	
Registration Fee: <small>Payee may request reimbursement prior to travel</small>		\$435.00	Education Resources, Inc.	
Hotel OR Per Diem: <small>Per Diem Rates: \$85 p/day in state, \$135 p/day Santa Fe, \$115 p/day out state. Payee may request hotel reimbursement prior to travel</small>				
	# of Day's	Amount (Daily Hotel Rate or Daily)		
	4	\$159.00	Holiday Inn Express Downtown Atlanta	
Meals (actual only): <small>Reimbursement up to \$30 p/day in state, \$45 p/day out of state</small>				
	# of Day's	Amount p/day		
	4	\$45.00	Abbie Normal	
Parking/Tolls/Taxis/Baggage/Tips: <small>Include little expenses</small>		\$60.00	Abbie Normal	
Other:		\$0.00		
Return Travel Per Diem:		\$30.00	Abbie Normal	
<small>Based on 24 hr periods: 6 hrs=\$12, 6-12=\$20, 12+ \$30</small>				
Total:		\$2,093.00		

PRIOR APPROVAL Required/Signatures are needed by the following: Supervisor, Executive Director and/or CC

Submitted By: _____ Date _____

Approved By: (Supervisor) _____ Date _____

Executive Director: _____ Date _____

Amounts over \$1500.00 must be approved by Coordinating Council CC Approval Date

AFTER THE TRIP, attach a copy of the approved Travel Request form and agenda along with your Overnight Travel Form

Requisition by: _____ Date: _____

Fund Code: _____
 Fund Code: _____
 Fund Code: _____