



Gallup McKinley County Schools (GMCS)

Travel Form

Address Change (Y or N)

Employees Last Four Digits of SSN _____

Name: _____ Position: _____ Work Loc #: _____

Date(s) of Travel: _____ Depart Time: _____ Return Time: _____
(AM/PM) (AM/PM)

Destination: _____ Reason (attach documentation): _____

Mailing Address: _____
 (Reimbursement check will be mailed to this address)

Mode of Travel: District Vehicle Personal Vehicle Plane Other (attach justification)

Travel Expense Account: _____ · _____ · _____ · _____ · _____ · _____
Fund Function Object Program Location Job Class

Meals (attach itemized receipt upon return; per diem only paid on final day of overnight travel) \$ _____ a

Actual Quote - Lodging (attach itemized receipt upon return; should be \$0.00 if Hotel paid with District Purchase Order) \$ _____ b

Registration (attach itemized receipt upon return; should be \$0.00 if paid with District Purchase Order) \$ _____ c

Other attach itemized receipt _____ \$ _____ d

Other attach itemized receipt _____ \$ _____ e

Other attach itemized receipt _____ \$ _____ f

Taxi or other transportation fares at destination \$ _____ g

Parking Fees \$ _____ h

Other (Attach written description) \$ _____ i

Privately Owned Vehicle Mileage (must have prior approval for both in and out of district travel)

DATE	POINTS OF TRAVEL		ODOMETER READING		MILES TRAVELED	RATE 0.43	AMOUNT CLAIMED
	TO	FROM	BEGINNING	ENDING			
						.43	

TOTAL TRAVEL EXPENSES (Total lines a - k) \$

Required Signature for In-State Travel:

Traveler's Signature: _____ **Date:** _____

Immediate Supervisor's Approval: _____ **Date:** _____

Program/Budget Manager's Approval: _____ **Date:** _____

Board Approval if traveling Out of State:

Board Approval: _____ **Date:** _____