

## Travel Plan & Reimbursement Request Pre-Approval Form

Per Diem & Mileage Act Title 2, Chapter 42, Part 2 NMAC

Traveler: \_\_\_\_\_ Position: \_\_\_\_\_ Date: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Payment Preference (check one)	
<input type="checkbox"/> I request In-State/Out-of-State Per Diem.	<input type="checkbox"/> I request Reimbursement of Actual Expenses.
80% Advance (select if applicable)	
<input type="checkbox"/> I request \$_____ prior to my departure to pay for mileage expenses (Note: This amount may not exceed 80% of applicable per diem rate and must be submitted 10 days prior to departure)	<input type="checkbox"/> I request \$_____ prior to my departure to reimburse 80% of my air/train fare (Note: Must include Proof of Payment with the travel itinerary and traveler's name)

Travel Plan Request (must be completed and approved prior to travel)		
Starting Point: _____	Destination: _____	Number of Days: _____
Date of Departure: _____	Time: _____	Date of Return: _____
Time: _____		
Purpose of Travel: _____		

<i>Complete this section only if travel plans are needed.</i>	
<b>Mode of Travel:</b> <input type="checkbox"/> Automobile <input type="checkbox"/> Airplane	<b>Reservations need to be made:</b> <input type="checkbox"/> Lodging <input type="checkbox"/> Conference <small>Note: if conference/workshop, attach completed registration form.</small>
<b>Lodging Information:</b> Preferred Hotel: _____	
Lodging Arrival Date: _____   Lodging Departure Date: _____	
Roommate(s): _____	
<b>Transportation Information:</b> Preferred Airport: _____	
Flight Departure Date: _____	Flight Departure Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Flight Return Date: _____	Flight Return Time: _____ <input type="checkbox"/> AM <input type="checkbox"/> PM
Other Pertinent Information or Requests: _____	
_____	
_____	

I request approval for the above travel plan and certify that it is necessary for the performance of my job duties. In addition to this form, I have submitted an approved <b>Related Service Providers Professional Leave and Schedule Change Form</b> , if appropriate.	
Traveler's Signature: _____	Date: _____
Supervisor's Signature: _____	Date: _____

**Submit this form to the HPREC Business Manager – Travel Plan must be approved PRIOR to trip.**

HPREC ADMIN Signature: _____	Date: _____
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