



# 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:** \_\_\_\_\_