

**COLFAX COUNTY
IN STATE TRAVEL FORM**

| | |
|-----------------------------|----------------------------|
| Traveler: _____ | Org Code: _____ |
| Destination: _____ | DFA Division: _____ |
| Post of Duty: _____ | Residence: _____ |
| Justification: _____ | |

| | |
|-------------------------------|-------------|
| Anticipated Departure: | |
| Date: _____ | Time: _____ |
| From: _____ | |
| Anticipated Return | |
| Date: _____ | Time: _____ |
| From: _____ | |

| | |
|-------------------------|-------------|
| Actual Departure | |
| Date: _____ | Time: _____ |
| From: _____ | |
| Actual Return | |
| Date: _____ | Time: _____ |
| From: _____ | |

| | Anticipated | Actual |
|--|-------------|----------|
| Mileage | | |
| Private Car (\$0.55 per mile x ___ Miles) | \$ _____ | \$ _____ |
| Odometer: Begin _____ End _____ | | |
| Or Map Mileage: | | |
| Vehicle: License _____ | | |
| Model _____ Yr. _____ | | |
| Partial Day Per Diem * | \$ _____ | \$ _____ |
| Per Diem ** | \$ _____ | \$ _____ |
| Return from Overnight Travel, Partial Day Per Diem *** | \$ _____ | \$ _____ |
| Actual Expenses (attach approval memo and original receipts) | | |
| Lodging | \$ _____ | \$ _____ |
| Meals (up to \$30.00 per 24 hour period) | \$ _____ | \$ _____ |
| Other Costs (attach original receipts if applicable) | | |
| Taxi or other transportation | \$ _____ | \$ _____ |
| Gratuities | \$ _____ | \$ _____ |
| Parking Fees | \$ _____ | \$ _____ |
| Travel by Common Carrier | \$ _____ | \$ _____ |
| Other (list) | \$ _____ | \$ _____ |
| Total Cost of Trip | \$ _____ | \$ _____ |
| Amount of Advance Requested (80% of Total Cost) | \$ _____ | \$ _____ |
| Amount Due To or From Employee (circle one) | \$ _____ | \$ _____ |

I certify that the amounts listed are true and correct to the best of my knowledge, and if applicable, the odometer readings are true and correct and any additional mileage was used only for official State of New Mexico business.

Traveler's Signature _____ Date: _____

| | | | |
|--|-------------|--|-------------|
| Travel and Anticipated Per Diem and/or Expenses Approved | | Actual Per Diem and/or Reimbursement(s) Approved | |
| <i>Department Supervisor</i> | <i>Date</i> | <i>Department Supervisor</i> | <i>Date</i> |
| <i>County Manager</i> | <i>Date</i> | <i>County Manager</i> | <i>Date</i> |

* -Occasional or irregular travel beyond a normal work day, no overnight lodging. Less than 2hrs., \$0; 2 to 6hrs, \$12; 6 to 12hrs, \$20; and 12hrs or more, \$30.
 ** -If overnight lodging is required, per diem is \$85 (\$135 for Santa Fe). Attendance at board/commission meetings is \$85 per meeting day or per diem if applicable.
 *** -On the last day of travel when overnight lodging is no longer required. Less than 2hrs, \$0; 2 to 6hrs, \$12; 8 to 12hrs, \$20; and 12hrs or more, \$30.