

**PER DIEM  
METHOD**

**TOWN OF SILVER CITY  
TRAVEL REQUEST**

**Department Head Approval**

\_\_\_\_\_ Date \_\_\_\_\_

Name of Public Official of Employee: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

Funding Source ( Supply Line Number) \_\_\_\_\_

**\*Agenda, Itinerary or written explanation of trip must be attached to this request.**

Estimated Per Diem Rate: \$_____ x 24 hour periods = _____ Per Diem shall be based on the current CONUS rates. These rates can be found in Accounting.	
Tuition, Registration or Related Fees ( Attach Documentation) <small>These costs will be paid by some other method.</small>	
Mileage for Personal Vehicle use per Rand McNally map, State map, or Odometer. Estimated Miles x \$.48 = _____ ( No Town Vehicle available) Mileage will change per GSA please contact Purchasing for updated mileage rate. Under circumstances defined by the City Manager when an employee takes their own vehicle the rate is as follows. Estimated Miles x \$.32 = _____ (only if approved by City Manager)	
Projected Cost of Fuel for Trip. ( Town Vehicle only )	\$
Other: <input type="checkbox"/> Air Plane Tickets \$ _____ <input type="checkbox"/> Car Rental \$ _____ <input type="checkbox"/> Parking \$ _____ <input type="checkbox"/> Other \$ _____	\$
<b>TOTAL:</b>	
<b>TOTAL ESTIMATED EXPENSES:</b>	

Advance Requested:  Yes  No: Advance to be computed by accounts payable.

\* 100% of authorized costs. **I am requesting** \_\_\_\_\_

**I hereby request a travel advance in the above amount for this travel. I agree, and fully understand, that may portion of these monies in excess of the actual mileage and per diem shall be remitted to the Town within five working days following completion of travel. These monies will be affixed to the travel voucher to be submitted. If the monies have not been remitted in this time frame, one of the following actions may be taken.**

- My check may be held until such monies have been received.
- The monies owed may be deducted from my next pay check.

**Public Official or Employee** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deputy Finance Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Town Manager** \_\_\_\_\_ **Date:** \_\_\_\_\_

**ACTUAL  
SUBSISTENCE**

**TOWN OF SILVER CITY  
TRAVEL REQUEST**

**Department Head Approval**

\_\_\_\_\_ Date \_\_\_\_\_

Name of Public Official of Employee: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure Date: \_\_\_\_\_ Return Date \_\_\_\_\_

Funding Source (Supply Line Number) \_\_\_\_\_

**\*Agenda, Itinerary or written explanation of trip must be attached to this request.**

Actual Subsistence Requested: (List below all anticipated costs) Lodging: Cost + Lodgers Tax * the number of nights = cost of lodging 1. _____	\$
Tuition, Registration or Related Fees ( Attach Documentation) <small>These costs will be paid by some other method.</small>	\$
Mileage for Personal Vehicle use per Rand McNally map, State map, or Odometer. Estimated Miles _____ x \$.48= _____ ( No Town Vehicle available) Mileage will change per GSA please contact Purchasing for updated mileage rate. Under circumstances defined by the City Manager when an employee takes their own vehicle the rate is as follows. Estimated Miles x \$.32 = _____ (only if approved by City Manager)	\$
Meals only ( not to exceed \$40.00 in a 24 hour period )	\$
Projected Cost of Fuel for Trip. ( Town Vehicle only )	\$
Other: <input type="checkbox"/> Air Plane Tickets \$ _____ <input type="checkbox"/> Car Rental \$ _____ <input type="checkbox"/> Parking \$ _____ <input type="checkbox"/> Other \$ _____	\$
<b>TOTAL:</b>	
<b>TOTAL ESTIMATED EXPENSES:</b>	\$

Advance Requested  Yes  No: Advance to be computed by accounts payable.

\* 100% of authorized costs. **I am requesting \$** \_\_\_\_\_

**I hereby request a travel advance in the above amount for this travel. I agree, and fully understand, that may portion of these monies in excess of the actual mileage and per diem shall be remitted to the Town within five working days following completion of travel. These monies will be affixed to the travel voucher to be submitted. If the monies have not been remitted in this time frame, one of the following actions may be taken.**

- My check may be held until such monies have been received.
- The monies owed may be deducted from my next pay check.

**Public Official or Employee** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deputy Finance Director** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Town Manager** \_\_\_\_\_ **Date:** \_\_\_\_\_

**TOWN OF SILVER CITY**  
**Travel Voucher (Return)**

Name of Public Official of Employee: \_\_\_\_\_

Title and Department: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

Destination: \_\_\_\_\_ Departure: Time: \_\_\_\_\_ Return: Time: \_\_\_\_\_

Funding Source (Supply Line Number) \_\_\_\_\_

Advance Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Amount</b>	
<b>Received:</b> <input type="checkbox"/> Per Diem <input type="checkbox"/> Actual Subsistence		\$
Per Diem Rate _____ * Number of 24-hour periods _____ = _____		\$
Lodging Cost _____ * Number of nights stayed _____ = _____		\$
Partial Hours = Actual Hours remaining after any full 24 hour cycle has been completed. ( Ex. 68 actual hours traveled = 68 - 24 - 24 = 20. 20 hours are the partial hours remaining. Since there are more than 12 hours remaining the partial per diem is \$28.00. Less than two hours = \$0.00 Two hrs. to less than six = \$12.00 Six hrs. to less than 12 hrs. = \$20.00 12 hrs or more = \$30.00		\$
Mileage: Odometer : Start _____ End _____ = _____ Mileage for Personal Vehicle use per Rand McNally map, State map, or Odometer. Miles: _____ x \$.48 = _____ ( No Townl Vehicle available) Mileage will change per GSA please contact Purchasing for updated mileage rate. Under circumstances defined by the City Manager when an employee takes their own vehicle the rate is as follows. Estimated Miles _____ x \$.32 = _____ (only if approved by City Manager)		\$
Tuition, Registration or Related Fees ( Attach receipts )		\$
Meals ( Actual subsistence only, not to exceed \$40.00 in any 24 hour period )		\$
Other (Specify and Attach Receipts)		\$
(a.) Total above (less any items submitted for separate pre-payment)		\$

(b) Advance Received \$ \_\_\_\_\_

Difference between a and b: \$ \_\_\_\_\_

Reimburse Town,  Reimburse Employee \$ \_\_\_\_\_

Public Officer or Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head: \_\_\_\_\_ Date: \_\_\_\_\_

Deputy Finance Director: \_\_\_\_\_ Date: \_\_\_\_\_

**TRAVEL / TRAINING JUSTIFICATION**

*(To be completed by Employee and Supervisor/Dept. Head prior to Travel. Must be attached to **Travel Request.**)*

**To be completed by employee prior to travel.**

I, \_\_\_\_\_ am requesting this travel to attend \_\_\_\_\_  
on the following dates \_\_\_\_\_ . This travel is tied to the mission of the  
following dept./div. \_\_\_\_\_ .

**The productivity and efficiency of the Department will be improved as follows:**

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**New skills that will be learned are:**

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**These new skills will benefit the Town as follows:**

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**To be completed by employee's supervisor/dept. head prior to travel.**

**The increased efficiency/productivity will be measured/tracked as follows:**

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## POST-TRAVEL REPORT

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Name: \_\_\_\_\_

Name of event: \_\_\_\_\_ Date of event: \_\_\_\_\_

Location of event: \_\_\_\_\_

Primary Persons contacted at this event:

~~What goals or expectations did you have when you registered for, or applied for this travel opportunity?~~

\_\_\_\_\_  
\_\_\_\_\_

~~List the goals or expectations met by this trip and explain how they were met. If they were not met, please explain.~~

\_\_\_\_\_  
\_\_\_\_\_

~~What important job-related skills or procedures were developed, studied and / or discussed during this trip?~~

\_\_\_\_\_  
\_\_\_\_\_

Recommendations and comments for change or modification in this travel opportunity (suggestions: modification to the leave date, the duration of attendance, selectivity of training sharing a room, have one person attend and bring back the training to train others in the office, tape recorded the sessions).

\_\_\_\_\_  
\_\_\_\_\_

I certify that the expenses incurred on the attached travel voucher are in conjunction with Town business.

Signature

Date