

State of New Mexico Per Diem Rates

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Per Diem Rate for Overnight Travel	FY21	FY22
In-State	85.00	151.00
In-State - County of Santa Fe (Special Area)	135.00	194.00
Out-of-State	115.00	151.00
<i>With the exception of Santa Fe County, per diem rates are set at the standard GSA rate.</i>		
Meal Rates for Actual Reimbursements	FY21	FY22
In-State	30.00	55.00
Out-of-State	45.00	55.00
<i>Note: Meals are only reimbursable when using approved actual rates (per 24-hour period)</i>		
Partial Day/Return from Travel/Same Day	FY21	FY22
less than 2 hours	-	-
2 hours but less than 6	12.00	18.00
6 hours but less than 12	20.00	40.00
12 hours but less then 24	30.00	55.00
<i>The Travel & Per Diem Act allows for actual reimbursement when per diem rates are insufficient.</i>		

BLOOMFIELD SCHOOLS TRAVEL EXPENSE FORM

Please read instructions on Page 2

Name of Employee _____ Today's date _____ Location _____

Pre-Approval REQUIRED	Estimated Expenses	
Purpose _____	Substitute \$ _____	Board Approval Date _____ Date _____
Destination _____	Meals/Lodging \$ _____	Supervisor _____ Date _____
Departure Date _____	Mileage \$ _____	Funding Administrator _____ Date _____
Return Date _____	Misc. \$ _____	
	Total \$ _____	

If a school vehicle is required, complete "Request for Bus/Vehicle" form and submit to Transportation

(This section is REQUIRED) Substitute requested? Yes _____ No _____ (If "yes" Send copy to Payroll)

PART ONE - TRAVEL ITINERARY Account# to charge sub to (if applicable) _____
(see instructions below)

Purpose of Trip _____

Departure: Date _____ Time _____ am/pm Destination _____

Return: Date _____ Time _____ am/pm Total time Days _____ Hours _____

PART TWO - TRAVEL EXPENSE (to be completed by employee - after travel is complete) Complete A OR B

<p>A. Per Diem Claim (receipts are not required except for Misc)</p> <p>1) Per Diem Rate _____ x _____ days = \$ _____ Plus ProRated Day if needed (see Page 2) \$ _____</p> <p>2) Misc. Expenses(attach receipts) \$ _____</p> <p>3) Less costs charged to school credit card. (\$ _____) <u>Attach copy of receipts, keep originals to submit with Bank of America statement. PO # _____</u></p> <p>4) Mileage - Personal Vehicle Map mileage _____ x Rate .40 = \$ _____ <small>(From Pg 42 of Procedures Handbook)</small></p> <p>Amount due to Employee PO # _____ \$ _____</p> <p>OR Amount due to District (submit payment) \$ _____</p>	<p>B. Actual Travel Expense (receipts required)</p> <p>1) Lodging (not to exceed single occupancy rate) \$ _____</p> <p>2) Meals (not to exceed \$55 in state, \$55 out) \$ _____</p> <p>3) Misc. Expenses-attach receipts \$ _____</p> <p>4) Mileage-Personal Vehicle Map mileage _____ x Rate .40 = \$ _____ <small>(From Pg 42 of Procedures Handbook)</small></p> <p>5) Less costs charged to school credit card. (\$ _____) <u>Attach copy of receipts, keep originals to submit with Bank of America Statement. PO # _____</u></p> <p>Amount due to Employee PO # _____ \$ _____</p> <p>OR Amount due to District (submit payment) \$ _____</p>
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I certify that the details shown above are a correct record of my official travel and associated costs, and that; if applicable; the said travel was in my personal vehicle for the miles indicated and that the above statement is true and payment thereof has not been received.

Date _____

Signature of employee (Required) _____
(Signature certifies claim/expense - Sign AFTER travel is complete)

PART THREE - APPROVAL OF TRAVEL EXPENSE CLAIM: (To be completed by Funding Administrator)

I authorize the travel expenditure as shown above to be paid from the following account:

Account # _____ (Required)

Signature _____ Date _____
Funding Administrator (Required)

Original to Accounts Payable with related Purchase Order(s)

Instructions for Completing Travel Expense Form

(C220)

Pre-Approval:

Required Prior to Travel Record all information in the left column and the **ESTIMATED EXPENSES** for the travel in the center. Then you must get approval from your supervisor **PRIOR TO THE TRAVEL DATE**

Part One: Required

Complete the date and time you left **Bloomfield** and the date/time you returned to Bloomfield. Record the purpose of your trip and city/state destination; along with total days and hours of travel.

Substitutes- subs are normally paid from the same fund that the teacher is paid from. If a different fund or budget is paying, complete this section.

Part Two Complete either A or B; not both

Part Two A.

Per Diem/Mileage Reimbursement

Complete this section if you are requesting per diem

Complete #1 if requesting per diem-no receipts required
Complete #2 if you had misc. expenses-receipts must be attached
Complete #3 if you charged expenses to school credit card and fill in the Purchase Order Number
Complete #4 if requesting mileage for use of personal vehicle *
If amount charged to school credit card exceeds the per diem rate complete "Amount owed to District" and submit payment

No receipts required for lodging/meals

Part Two: B.

Cost reimbursement (in lieu of per diem)

Complete this section if you are requesting actual cost reimbursement

Complete #1 if you are requesting reimbursement for lodging
Complete #2 if you are requesting reimbursement for meals NOTE: No alcoholic beverages, **MUST** provide itemized receipt
Complete #3 if you had misc. expenses-receipts must be attached
Complete #4 if requesting mileage for use of personal vehicle *
Complete #5 if you charged expenses to school credit card and fill in the Purchase Order Number
If amount charged to school credit card exceeds allowable rate for lodging or meals (see below) complete "Amount owed to District" and submit payment

Must have prior board approval if actual expenses exceed per diem rate. Receipts are required.

Information

Per diem reimburses for lodging and meals only. Rates are calculated on a 24 hr. day from the time you leave **Bloomfield** until the time you return, with partial days pro-rated in increments outlined below

- For less than 2 hours, none
- For 2 hours, but less than 6 hours, \$18.00
- For 6 hours or more, but less than 12 hours, \$40.00
- For 12 hours or more, but less than 24 hours, \$55.00

Actual expenses must be approved by the Board of Education - Prior to Travel
There is still a maximum of \$55.00 per 24 hr period for meals for in-state travel, and \$55.00 for out of state travel. **ITEMIZED RECIEPTS ARE REQUIRED**

Tips are allowed to be added to meal expense (does not count toward daily maximum), up to 20% maximum

Miscellaneous expenses are allowable costs other than lodging/meals/mileage. These could include taxi/shuttles, parking, rental cars, registration fees, etc. No personal expenses will be reimbursed.

Mileage for use of personal vehicles is calculated using map mileage. Odometer readings will not be accepted. (See page 28 of the Manual of Procedures). Defensive driving training must be completed prior to travel reimbursement.

Per diem and mileage rates are mandated by the State.
Per diem in-state \$151.00 per day (Santa Fe \$194.00 per day)
Per diem out-of-state \$151.00 per day Mileage .40 cents per mile