

**New Mexico Public Regulation Commission
Travel and Training Request Form**

Request Date:

Employee Information

Vehicle Information

Employee Name:	State Vehicle:		Personal Vehicle:	
Post of Duty:	Year:	Make:	Model:	License #:
Residence:				

Travel Information

Destination:		Travel Reason:				
In State:	Training Required:	Actuals: Apvd:	Depart Date: (MM/DD/YY)	Time: (AM/PM)	Return Date: (MM/DD/YY)	Time: (AM/PM)
Out of State:	CE Credits Received:	(Per Diem Based on)				

Estimated Travel Expense Information

**If Actuals are requested : Expenses will only be reimbursed by providing original and valid receipts and by meeting the justification for actuals. Receipts and justifications must be submitted with completed ISTE form.*

Description	Rate	Quantity	Total
Mileage (Personal Vehicle Only)			
Per Diem \$151 In-State & Out-of-State			
Lodging P-Card			
Meal Actuals			
Partial Day		N/A	
Registration P-Card		N/A	
Airline Fares P-Card		N/A	
Baggage Fees P-Card		N/A	
Transportation: Rental, Taxi, Etc.		N/A	
Miscellaneous Expenses		N/A	
Total Cost of Trip			

I, the undersigned, acknowledge by my signature that I am aware that reimbursement for actual expenses will be allowed only upon presentation of original, valid receipts with the ISTE form. That reimbursement will be according to the current DFA travel rates, and final approval of reimbursement depends on sufficient budget.

_____	_____	_____	_____
Employee Signature	Date	Supervisor/Bureau Chief	Date

_____	_____	_____	_____
ASD Director (Budget Approval)	Date	Chief of Staff (Required for all Out-of-State Travel)	Date

ASD Internal Use Only - Accounting String

Fund:	Department:	Reporting Category:	Acct Code:	Bud Ref:	Class:
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