

2025-2026 Travel Estimate Form Directions

1. Download the Estimated Travel Form and Open using EXCEL ONLY. Google Sheets does not work.
2. Only complete YELLOW boxes. All other cells are locked to protect calculation accuracy.
3. Enter employee name
4. Enter Location
5. Enter name of conference/meeting
6. Enter name of destination
7. Enter the FUND code received from Business/SPED Office
8. Enter one-way mileage (see bottom of travel estimate spreadsheet).

Must attach Documentation in regard to the Workshop/Meeting s

I. EMPLOYEE:		Sheila UHutt	
YOUR LOCATION:		Central Office	
II. CONFERENCE / M		NMAASBO Winter Conference 2025	
DESTINATION:		El Paso, TX	
One-Way Miles	83	<i>If location not listed below, attach Google Map with Mileage.</i>	
ESTIMATED	Date (from)	Time (From)	Date (To)
	2/17/2025	8:30 AM	2/17/2025
DATES OF TRAVEL			Time (To)
			4:30 PM
Number of Days of Daily Travel:		1	
Notes:		Ride with Shelly Ortega	

There is a fee for attending the conference or meeting, please attach

III. PROJECTED TRAVEL EXPENSES
1 Is a Substitute Required? ☒ No **Please attach a**

Meal Reimbursement Request: Only allowed for same day travel over 60 upon partial day per diem reimbursement rates according to PSAB Supply Log with Agenda upon return. **Superintendent/designee must approve partial travel.**

MEAL CALCULATION

LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS)

<2 Hours			
2 to <6 Hours			
6 to <12 Hours	2/17/2025	8:30 AM	4:30 PM
12 Hours +			
Partial Day Estimate			

MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required for

Requesting a School Vehicle? ☒ Yes **When requesting reimbursement**

Type Requested? ☒ Car ***Choose from Drop Down Menu**

Number of Staff in vehicle: ☒ 2

If a school vehicle is not available, complete estimate below for personal auto r
 Estimated Mileage to be Claimed # of Miles X \$0.66

Other Expenses: Parking, Shuttle, Phone Ca

Receipts documenting expenditures must be attached to completed Travel Log up

OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required) \$ -

IV TOTAL Estimate for Employee Travel Reimbursement PO

I hereby certify that the above travel will be done in connection with authorized school business and that the above has been received. I certify that no alcohol will be purchased with any funds requested for reimbursement.

Employee Signature

Date:

Immediate Supervisor Signature

Date:

Finance Department Signature

Date:

Superintendent or Designee Signature

Date:

Once completed please print, sign, and submit to your immediate supervisor for approval

Purchase Requisition #

Date Entered

Entered By

Mileage Chart for CUIF14

City	# Miles to Hatch, one way
Albuquerque	101
Albuquerque	106
Anthony	65
Boyard	38
Deming	47
El Paso	83

Enter GoogleMaps
mileage if City not listed
below.

If the travel is more than
60 miles away from
Hatch, NM, a partial day
reimbursement will
populate.

9. Enter dates and estimated time of departure/arrival. This must be entered in the following format:
1:00 PM (with a space after the minute, before the AM/PM). If this is entered incorrectly, you will see an error.

Incorrect Time Format:

HATCH VALLEY PUBLIC SCHOOLS							
DAILY RATE WORKSHEET							
EMPLOYEE PROFESSIONAL LEAVE REQUEST AND P.O.							
REQUISITION for PROJECTED TRAVEL & EXPENSES							
COMPLETE ONLY THE YELLOW CELLS							
Must attach Documentation in regard to the Workshop/Meeting such as Agenda, Literature, etc.							
I. EMPLOYEE:	Sheila Offutt			Finance Office Use ONLY			
YOUR LOCATION:	Central Office			REIM PO # ISSUED:			
II. CONFERENCE / MTG	NMBASBO Winter Conference 2025			FUND: 11000.2500.53330.0000.018000			
DESTINATION:	El Paso, TX						
One-Way Mileage	83	*If location not listed below, attach Google Map with Mileage.					
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)			
DATES OF TRAVEL:	2/17/2025	8:30AM	TO	2/17/2025	4:30PM	Incorrect format	
Number of Days of Daily Travel:	1						
Notes:	Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.							
III PROJECTED TRAVEL EXPENSES							
1 Is a Substitute Required?	No			Please attach a copy of the agenda to this approval form.			
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.							
MEAL CALCULATION							
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):							
< 2 Hours						\$0	\$0.00
2 to < 6 Hours						\$20	\$0.00
6 to < 12 Hours						\$42	\$0.00
12 Hours +						\$59	\$0.00
Partial Day Estimate							\$0.00

2 times entered incorrectly result in incorrect format error note.


Partial Day reimbursement will not populate

HATCH VALLEY PUBLIC SCHOOLS							
DAILY RATE WORKSHEET							
EMPLOYEE PROFESSIONAL LEAVE REQUEST AND P.O.							
REQUISITION for PROJECTED TRAVEL & EXPENSES							
COMPLETE ONLY THE YELLOW CELLS							
Must attach Documentation in regard to the Workshop/Meeting such as Agenda, Literature, etc.							
I. EMPLOYEE:	Sheila Offutt			Finance Office Use ONLY			
YOUR LOCATION:	Central Office			REIM PO # ISSUED:			
II. CONFERENCE / MTG	NMBASBO Winter Conference 2025			FUND: 11000.2500.53330.0000.018000			
DESTINATION:	El Paso, TX						
One-Way Mileage	83	*If location not listed below, attach Google Map with Mileage.					
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)			
DATES OF TRAVEL:	2/17/2025	8:30AM	TO	2/17/2025	4:30 PM	Incorrect format	
Number of Days of Daily Travel:	1						
Notes:	Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.							
III PROJECTED TRAVEL EXPENSES							
1 Is a Substitute Required?	No			Please attach a copy of the agenda to this approval form.			
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.							
MEAL CALCULATION							
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):							
< 2 Hours						\$0	\$0.00
2 to < 6 Hours						\$20	\$0.00
6 to < 12 Hours						\$42	\$0.00
12 Hours +	2/17/2025	8:30AM		4:30 PM		16.50	\$59.00
Partial Day Estimate							\$59.00

1 time entered incorrectly result in incorrect format error note.

Daily reimbursement period is incorrect (8:30 AM to 4:30 PM is not more than 12 hours.)

Correct Time Format:

 HATCH VALLEY PUBLIC SCHOOLS DAILY RATE WORKSHEET <i>EMPLOYEE PROFESSIONAL LEAVE REQUEST AND P.O.</i> <i>REQUISITION for PROJECTED TRAVEL & EXPENSES</i>							
COMPLETE ONLY THE YELLOW CELLS							
Must attach Documentation in regard to the Workshop/Meeting such as Agenda, Literature, etc.							
I. EMPLOYEE:	Sheila Offutt			<div>Finance Office Use ONLY</div> <div>REIM PO # ISSUED:</div> <div>FUND: 11000.2500.53330.0000.018000</div>			
YOUR LOCATION:	Central Office						
II. CONFERENCE / MTG:	NMAASBO Winter Conference 2025						
DESTINATION:	El Paso, TX						
One-Way Mileage	83	<i>If location not listed below, attach Google Map with Mileage.</i>					
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)			
DATES OF TRAVEL:	2/17/2025	8:30 AM	TO 2/17/2025	4:30 PM			
Number of Days of Daily Travel:	1						
Notes:	Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.							
III PROJECTED TRAVEL EXPENSES							
1 Is a Substitute Required?	No			Please attach a copy of the agenda to this approval form.			
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.							
MEAL CALCULATION							
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):							
< 2 Hours					-	\$0	\$0.00
2 to < 6 Hours					-	\$20	\$0.00
6 to <12 Hours	2/17/2025	8:30 AM	4:30 PM		8.00	\$42	\$42.00
12 Hours +					-	\$59	\$0.00
Partial Day Estimate							\$42.00

The error is gone!

Daily reimbursement period and estimate are now correct!

10. Enter number of days (1 for a one-day trip; 2 or more if you are traveling back and forth to a meeting/conference multiple days).

II. CONFERENCE / MTG NMASBO Winter Conference 2025					REIM PO # ISSUED:	
DESTINATION: El Paso, TX						
One-Way Mileage: 83 <i>If location not listed below, attach Google Map with Mileage.</i>						
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)	FUND: 11000.2500.53330.0000.018000	
DATES OF TRAVEL:	2/17/2025	8:30 AM	2/17/2025	4:30 PM		
Number of Days of Daily Travel: 1						
Notes: Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.						
III PROJECTED TRAVEL EXPENSES						
1 Is a Substitute Required?		No		Please attach a copy of the agenda to this approval form.		
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.						
MEAL CALCULATION						
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):						
< 2 Hours					-	\$0
2 to < 6 Hours					-	\$20
6 to < 12 Hours	2/17/2025	8:30 AM	4:30 PM		8.00	\$42
12 Hours +					-	\$59
Partial Day Estimate						\$42.00
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required for reimbursement)						\$42.00

1 day travel
more than 60
miles calculates
\$42 Reim.

II. CONFERENCE / MTG NMASBO Winter Conference 2025					REIM PO # ISSUED:	
DESTINATION: El Paso, TX						
One-Way Mileage: 83 <i>If location not listed below, attach Google Map with Mileage.</i>						
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)	FUND: 11000.2500.53330.0000.018000	
DATES OF TRAVEL:	2/17/2025	8:30 AM	2/17/2025	4:30 PM		
Number of Days of Daily Travel: 3						
Notes: Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.						
III PROJECTED TRAVEL EXPENSES						
1 Is a Substitute Required?		No		Please attach a copy of the agenda to this approval form.		
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.						
MEAL CALCULATION						
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):						
< 2 Hours					-	\$0
2 to < 6 Hours					-	\$20
6 to < 12 Hours	2/17/2025	8:30 AM	4:30 PM		8.00	\$42
12 Hours +					-	\$59
Partial Day Estimate						\$42.00
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required for reimbursement)						\$126.00

3 day travel more than
60 miles calculates
\$126 Reim.
(3x\$42=\$126)

II. CONFERENCE / MTG SWREC					REIM PO # ISSUED:	
DESTINATION: Deming, NM						
One-Way Mileage: 47 <i>If location not listed below, attach Google Map with Mileage.</i>						
ESTIMATED	Date (from)	Time (From)	Date (To)	Time (To)	FUND: 11000.2500.53330.0000.018000	
DATES OF TRAVEL:	2/17/2025	8:30 AM	2/17/2025	4:30 PM		
Number of Days of Daily Travel: 3						
Notes: Ride with Shelly Ortega						
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.						
III PROJECTED TRAVEL EXPENSES						
1 Is a Substitute Required?		No		Please attach a copy of the agenda to this approval form.		
2 Meal Reimbursement Request: Only allowed for same day travel over 60 miles, one way. Calculations based upon partial day per diem reimbursement rates according to PSAB Supplement 20. Attach receipts to Travel Log with Agenda upon return. Superintendent/designee must approve partial day reimbursement prior to travel.						
MEAL CALCULATION						
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):						
< 2 Hours					-	\$0
2 to < 6 Hours					-	\$20
6 to < 12 Hours	2/17/2025	8:30 AM	4:30 PM		8.00	\$42
12 Hours +					-	\$59
Partial Day Estimate						\$0.00
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required for reimbursement)						\$0.00

3 day travel less than
60 miles calculates \$0
Reim.

11. Enter Notes regarding travel, including staff traveling with you, especially if traveling multiple days to the same location.
12. Use the drop-down menu to select whether or not a substitute is required for your absence.
13. Use the drop-down menu to select whether or not you will be requesting a school car.
14. Choose appropriate vehicle in the drop-down menu.

3 Requesting a School Vehicle:	Yes	When requesting reimbursement for mileage, written permission must be attached.
Type Requested?	Car	*Choose from Drop Down Menu Choose Car up to 5 staff Choose Suburban up to 9 staff
Number of Staff in vehicle:	1	

15. Enter a description and estimate of any other estimated travel expenses.

4 Other Expenses: Parking, Shuttle, Phone Calls, Etc.	Parking	=	\$ 50.00
Receipts documenting expenditures must be attached to completed Travel Log upon return.			

16. Total calculates and should be used to create meal reimbursement PO to employee

OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required)	\$ 50.00
IV. TOTAL Estimate for Employee Travel Reimbursement PO	\$ 260.00

17. If Registration will be incurred, fill out Section V and attach backup documentation (quotes/flyer for conference). Registration PO should be created directly to the company/vendor if possible but may use Bank of America if company will not take POs (create PO to Bank of America).

V. OTHER PROJECTED TRAVEL EXPENSES WHICH REQUIRE A SEPARATE PO	
1 Registration Fees	\$ 300.00 = \$ 300.00
OTHER TRAVEL ESTIMATED EXPENSES ON SEPARATE POS	\$ 560.00
VI. TOTAL ESTIMATED COST OF TRAVEL FOR PROFESSIONAL DEVELOPMENT	\$ 560.00

18. Section VI calculates the total estimated cost of your trip

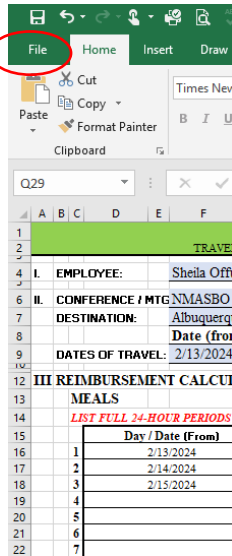
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required for reimbursment)		\$210.00
3 Requesting a School Vehicle:	Yes	When requesting reimbursement for mileage, written permission must be attached.
Type Requested?	Car	*Choose from Drop Down Menu Choose Car up to 5 staff Choose Suburban up to 9 staff
Number of Staff in vehicle:	1	
4 Other Expenses: Parking, Shuttle, Phone Calls, Etc.	Parking	= \$ 50.00
Receipts documenting expenditures must be attached to completed Travel Log upon return.		
OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required)	\$ 50.00	
IV. TOTAL Estimate for Employee Travel Reimbursement PO	\$ 260.00	
V. OTHER PROJECTED TRAVEL EXPENSES WHICH REQUIRE A SEPARATE PO		
1 Registration Fees	\$ 300.00	= \$ 300.00
OTHER TRAVEL ESTIMATED EXPENSES ON SEPARATE POS	\$ 560.00	
VI. TOTAL ESTIMATED COST OF TRAVEL FOR PROFESSIONAL DEVELOPMENT	\$ 560.00	

19. Enter the name of the Funding Source (Bottom Right)

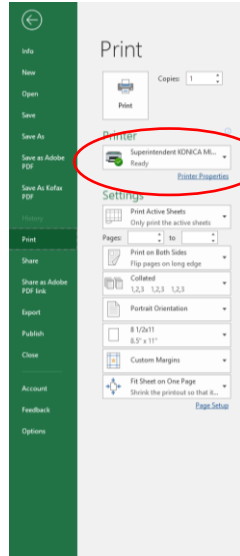
20. Print and sign and submit to your supervisor for approval, or sign and send for approval via Adobe, following the following steps. The steps can be followed for any document.

21. Print document to PDF:

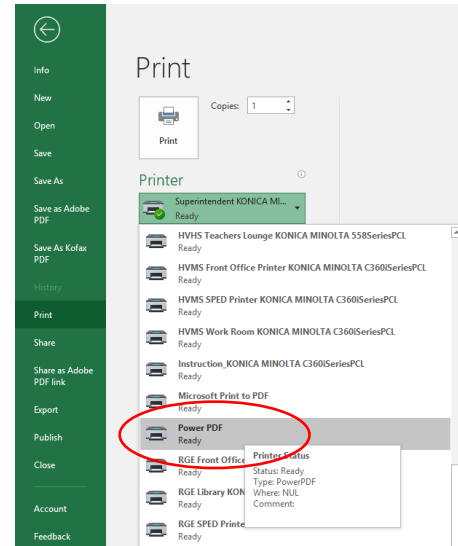
a. Click File



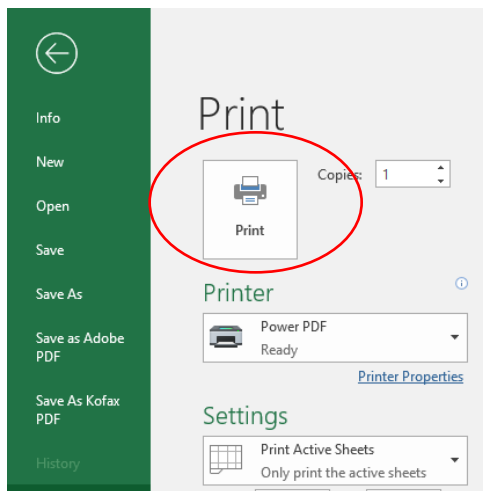
b. Click Print



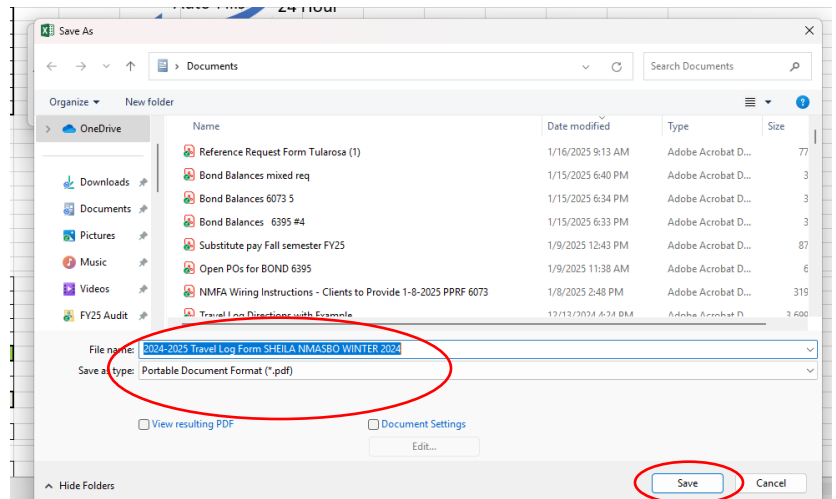
c. Click arrow on right of Printer, and select pdf or Power PDF



d. Click Print



e. Choose file location, enter name of file, click save.



22. Sign/date via Adobe and send to your supervisor, Sheila Offutt and Mr. Michael Chavez for approval via Adobe.

b. Open file location to open your pdf in Adobe.

NOTE: You may add pages to the Travel log before sending for signatures. Steps to do this:

- 1) Open Adobe File. Click Edit.
 - 2) Click Organize pages.
 - 3) In another window, open the file location (My Documents) and drag/drop the additional files such as a scanned copy of receipts, agenda, badge, hotel folio, etc.
 - 4) Click on the X to close the Organize pages window.
 - 5) Click Save.
 - 6) Proceed with e-signature steps below.
- c. Click e-Sign (Example included is of a Travel Log, but steps are the same for all documents.)

The screenshot shows the Adobe Acrobat interface with the 'E-Sign' button highlighted. The background document is a 'TRAVEL REIMBURSEMENT' form. The form includes the following sections:

- I. EMPLOYEE:** Sheila Offutt
- II. CONFERENCE / MTG:** NMBASBO Winter Conf
- DESTINATION:** Albuquerque, NM
- DATES OF TRAVEL:** 2/13/2024 to 2:30 PM
- III. REIMBURSEMENT CALCULATION**
 - MEALS**

Day / Date (From)	Time (From)
2/13/2024	2:30 PM
2/14/2024	2:30 PM
2/15/2024	2:30 PM
 - ITEMIZED RECEIPTS (B=Breakfast L=Lunch D=Dinner)**

Period	Receipt 1	Receipt 2
PERIOD 1	D \$ 20.35	
PERIOD 2	D \$ 30.97	
PERIOD 3	L \$ 16.25	
PERIOD 4		
PERIOD 5		

d. If signing for yourself, click the signature. If sending to another employee to sign, click Request e-signatures.

The screenshot shows the Adobe 'E-Sign' dialog box. The 'Request e-signatures' button is circled in red. A red arrow points to the 'Request e-signatures' button with the text 'To send for signatures, click here'. Another red arrow points to the 'Add initials' field with the text 'Click and drag to insert your own signature'. The background shows the same 'TRAVEL REIMBURSEMENT' form.

e. Type the email addresses of the intended recipients, and enter message if needed. Click Specify where to sign

Add recipients to e-sign this document

Get e-signatures *faster* than email

- Recipients sign in minutes. No file printing or scanning required.
- Recipients receive an email link to sign online for free without downloading Acrobat.
- Documents are signed fast and securely.

[See how it works](#)

Enter addresses (using personal email for illustration purposes only)

- ☒ sofftutt@hatchschools.net
- ☒ sheilalynn77@gmail.com

[Add Cc](#)

2024-2025 Travel Log Form SHEILA NMASBO WINTER 2024

Please review and sign this document.

[More Options](#)

Your file will be uploaded for e-signing. Anyone you share the link with can view the file.

[Cancel](#) [Specify where to sign](#)

Click to continue

f. Click and Drag “Signature” to the location where the signature should be entered.

Request e-signatures

[Switch to new authoring](#)

RECIPIENTS

- Sheila Offutt (me) (Signer)

Signature Fields

- Signature
- Initials
- Signature Block
- Stamp

Signer Info Fields

- Title
- Company
- Name
- Email
- Date

Data Fields

Transaction Fields

2024-2025 Travel Log Form SHEILA NMASBO WINTER 2024

PERIOD 4

PERIOD 7

PERIOD 8

PERIOD 9

PERIOD 10

PERIOD 11

PERIOD 12

PERIOD 13

PERIOD 14

PERIOD 15

PERIOD 16

PERIOD 17

PERIOD 18

PERIOD 19

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- i. Click Close. Signers should receive an email to sign.

23. If you have not received the signed PDF back, you can log into Adobe via your Gmail account and send a reminder to the signer, or cancel if the PDF is no longer needed. Click on the file pending a signature, then additional options will appear on the right:

The screenshot shows the Adobe Acrobat Sign web interface. At the top, there's a navigation bar with 'Adobe Acrobat Sign', 'Home', 'Send', 'Manage', and 'Account'. Below this, the main area is titled 'Your agreements' and contains a table of agreements. A sidebar on the right is open, showing a list of actions for a selected agreement. The actions include 'Open Agreement', 'Create a Template', 'Remind', 'Cancel', 'Download PDF', and 'Report Abuse'. The 'Remind' option is circled in red. Below the actions, there's a section for 'Recipients (1 Completed)' showing a list of recipients and their status.

RECIPIENTS	TITLE	STATUS	MODIFIED
<input type="checkbox"/> sheetalyn07@gmail.com 1 of 2 completed	2024-2025 Travel Log Form SHEILA NMAASBO WINTER 2024	Out for signature	1/16/2025
<input type="checkbox"/> [redacted] 0 of 1 completed	PY25 Semi Annual Certification Fall Semester Mail Merge HV10	Out for signature	1/16/2025
<input type="checkbox"/> [redacted] 0 of 2 completed	PY25 Semi Annual Certification Fall Semester Mail Merge	Out for signature	1/16/2025
<input type="checkbox"/> [redacted] 2 of 4 completed	SHRNGRants24022607460	Out for signature	2/10/2024

Actions

- Open Agreement
- Create a Template
- Remind
- Cancel
- Download PDF
- Report Abuse

See 6 more

Recipients (1 Completed)

- 1. Sheila Orutt
Signed on Jan 16, 2025
- 2. sheetalyn07@gmail.com
Signature requested on Jan 16, 2025

> Activity

24. Submit all paperwork to Raney Weiler in AP for payment.