

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 (City, State, may add Name of Hotel)
7. Enter the FUND code received from Business/SPED Office
8. 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:

COMPLETE ONLY THE YELLOW CELLS									
Must attach Documentation in regard to the Workshop/Meeting such as Agenda, Literature, etc.									
I. EMPLOYEE:		Sheila Offutt							
YOUR LOCATION:		Central Office							
II. CONFERENCE / MTG:		NMBASBO Winter Conference							
DESTINATION:		Albuquerque, NM, Embassy Suites							
DATES OF TRAVEL:		Date (from)	Time (From)	Date (To)	Time (To)	FUND: 1000.2500.53330.0000.018000			
		12/28/2025	1:00:00PM	12/21/2025	4:30:00PM	Not format included			
If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.									
III PROJECTED TRAVEL EXPENSES									
1 Are you requesting lodging?		Yes		If yes, Lodging expenses must be on a separate purchase requisition.					
2 Is a Substitute Required?		No							
3 Meal Reimbursement Request: You will be reimbursed only for your actual meal expenses. Calculations are based on \$59 24-hour periods for in-state and out-of-state travel as calculated below. Calculations also include partial day per diem reimbursement rates based on PSAB Supplement 20. Attach receipts to Travel Log with Agenda, Attendance Confirmation, and Folio upon return.									
MEAL CALCULATION									
LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED STAY FOR PERSONAL REASONS):									
	Day / Date (From)	Time (From)	Date (To)	Time (To)	Days	Rate	MAX Allowed		
1					0	\$70	\$0.00		
2					0	\$70	\$0.00		
3					0	\$70	\$0.00		
4					0	\$70	\$0.00		
5					0	\$70	\$0.00		
6					0	\$70	\$0.00		
7					0	\$70	\$0.00		
SELECT PARTIAL DAY PERIOD		Date	Time (From)	Time (To)	Hours	Rate	MAX Reimb		
		< 2 Hours			-	\$0	\$0.00		
		2 to < 6 Hours			-	\$25	\$0.00		
		6 to < 12 Hours			-	\$50	\$0.00		
		12 Hours +			-	\$70	\$0.00		
Partial Day Estimate							\$0.00		
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required)							\$0.00		

2 times entered incorrectly result in note.

Partial Day reimbursement will not populate

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
 YOUR LOCATION: Central Office

II. CONFERENCE / MTG: NMASBO Winter Conference
 DESTINATION: Albuquerque, NM, Embassy Suites
 DATES OF TRAVEL: 12/18/2025 1:00 PM TO 12/21/2025 4:30:00PM *Incorrect format*

Secretary should complete Fund:
 REIM PO # ISSUED:
 FUND: 11000.2500.53330.0000.018000

If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.

III PROJECTED TRAVEL EXPENSES

1 Are you requesting lodging? Yes **If yes, Lodging expenses must be on a separate purchase requisition.**
 2 Is a Substitute Required? No

3 Meal Reimbursement Request: You will be reimbursed only for your actual meal expenses. Calculations are based on \$59 24-hour periods for in-state and out-of-state travel as calculated below. Calculations also include partial day per diem reimbursement rates based on PSAB Supplement 20. Attach receipts to Travel Log with Agenda, Attendance Confirmation, and Folio upon return.

MEAL CALCULATION

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

Day	Date (From)	Time (From)	Date (To)	Time (To)	Days	Rate	MAX Allowed
1	12/18/2025	1:00 PM	12/19/2025	1:00 PM	1	\$70	\$70.00
2	12/19/2025	1:00 PM	12/20/2025	1:00 PM	1	\$70	\$70.00
3					0	\$70	\$0.00
4					0	\$70	\$0.00
5					0	\$70	\$0.00
6					0	\$70	\$0.00
7					0	\$70	\$0.00

SELECT PARTIAL DAY PERIOD

	Date	Time (From)	Time (To)	Hours	Rate	MAX Reimb
< 2 Hours				-	\$0	\$0.00
2 to < 6 Hours				-	\$25	\$0.00
6 to < 12 Hours	12/21/2025	1:00 PM	4:30:00PM	11.00	\$50	\$550.00
12 Hours +				-	\$70	\$0.00
Partial Day Estimate						\$50.00
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required)						\$190.00

1 time entered incorrectly result in incorrect format error note.

Daily reimbursement periods may calculate incorrectly. 1:00 PM to 4:30 PM is 3 hours, 30 min., not 12 hours

Correct Time Format:

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
 YOUR LOCATION: Central Office

II. CONFERENCE / MTG: NMASBO Winter Conference
 DESTINATION: Albuquerque, NM, Embassy Suites
 DATES OF TRAVEL: 12/18/2025 1:00 PM TO 12/21/2025 4:30 PM

Secretary should complete Fund:
 REIM PO # ISSUED:
 FUND: 11000.2500.53330.0000.018000

If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.

III PROJECTED TRAVEL EXPENSES

1 Are you requesting lodging? Yes **If yes, Lodging expenses must be on a separate purchase requisition.**
 2 Is a Substitute Required? No

3 Meal Reimbursement Request: You will be reimbursed only for your actual meal expenses. Calculations are based on \$59 24-hour periods for in-state and out-of-state travel as calculated below. Calculations also include partial day per diem reimbursement rates based on PSAB Supplement 20. Attach receipts to Travel Log with Agenda, Attendance Confirmation, and Folio upon return.

MEAL CALCULATION

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

Day	Date (From)	Time (From)	Date (To)	Time (To)	Days	Rate	MAX Allowed
1	12/18/2025	1:00 PM	12/19/2025	1:00 PM	1	\$70	\$70.00
2	12/19/2025	1:00 PM	12/20/2025	1:00 PM	1	\$70	\$70.00
3	12/20/2025	1:00 PM	12/21/2025	1:00 PM	1	\$70	\$70.00
4					0	\$70	\$0.00
5					0	\$70	\$0.00
6					0	\$70	\$0.00
7					0	\$70	\$0.00

SELECT PARTIAL DAY PERIOD

	Date	Time (From)	Time (To)	Hours	Rate	MAX Reimb
< 2 Hours				-	\$0	\$0.00
2 to < 6 Hours	12/21/2025	1:00 PM	4:30 PM	3.50	\$25	\$25.00
6 to < 12 Hours				-	\$50	\$0.00
12 Hours +				-	\$70	\$0.00
Partial Day Estimate						\$25.00
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required)						\$235.00

The error is gone!

9. Use the drop-down menu to select whether or not you will need lodging.
10. Use the drop-down menu to select whether or not a substitute is required for your absence.
11. Read #3 and review meal calculation times.

If there is a fee for attending the conference or meeting, please attach a separate purchase requisition.			
III PROJECTED TRAVEL EXPENSES			
1 Are you requesting lodging?	Yes	If yes, Lodging expenses must be on a separate purchase requisition.	
2 Is a Substitute Required?	No		
3 Meal Reimbursement Request: You will be reimbursed only for your actual meal expenses. Calculations are based on \$59 24-hour periods for in-state and out-of-state travel as calculated below. Calculations also include partial day per diem reimbursement rates based on PSAB Supplement 20. Attach receipts to Travel Log with Agenda, Attendance Confirmation, and Folio upon return.			

12. Use the drop-down menu to select whether or not you will be requesting a school car.
13. Choose appropriate vehicle in the drop-down menu.

4 Requesting a School Vehicle:	Yes	When requesting reimbursement for mileage, written permission must be attached.		
Type Requested?	SUV	*Choose from Drop Down Menu	Number of Staff Traveling in Vehicle:	3

14. Enter a description and estimate of any other estimated travel expenses that you will pay out of pocket.

5 Other Expenses: Parking, Shuttle, Phone Calls, Etc.	Parking	=	\$ 25.00
Receipts documenting expenditures must be attached to completed Travel Log upon return.			
OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required)			\$ 25.00
IV. TOTAL Estimate for Employee Travel Reimbursement PO			\$ 261.00

15. A total is calculated in section IV. This is the amount of the meal reimbursement PO to the employee.

MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required)			\$236.00
4 Requesting a School Vehicle:	Yes	When requesting reimbursement for mileage, written permission must be attached.	
Type Requested?	SUV	*Choose from Drop Down Menu	Number of Staff Traveling in Vehicle: 3
5 Other Expenses: Parking, Shuttle, Phone Calls, Etc.	Parking	=	\$ 25.00
Receipts documenting expenditures must be attached to completed Travel Log upon return.			
OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required)			\$ 25.00
IV. TOTAL Estimate for Employee Travel Reimbursement PO			\$ 261.00

16. If Registration, hotel, hotel parking, airline, etc. charges will be incurred, fill out section V and attach backup documentation (quotes, flyer for conference with hotel info, etc.). POs must be created for all expenses. Registration POs should be created directly to the company/vendor if possible. Bank of America charges should be entered on one PO to Bank of America, include a line for each item.

IMPORTANT: If hotel charges exceed \$350 per night (including taxes and fees), the Superintendent must sign your travel log and the quote for the hotel and secretary must attach this and the quote to the PO.

V. OTHER PROJECTED TRAVEL EXPENSES WHICH REQUIRE A SEPARATE PO					
1 Registration Fees	\$ 250.00			=	\$ 250.00
2 Hotel Fee per Night Incl. Tax/Fees	\$ 175.00	Number of Nights	3	=	\$ 525.00
<i>Superintendent Signature Required for Hotel charges totaling more than \$350 per night (incl. tax/fees).</i>					
3 Est. Parking at Hotel per Night, include on BOA PO	\$ 10.00		3	=	\$ 30.00
4 Est. Airline/Baggage, include on BOA PO	\$ -			=	\$ -
5 Est. Rental Car, include on BOA PO	\$ -			=	\$ -
OTHER TRAVEL ESTIMATED EXPENSES ON SEPARATE POS					\$ 805.00

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

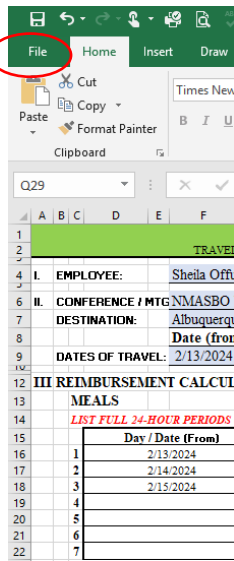
MAX MEAL REIMBURSEMENT ESTIMATE (Receipts Required)					\$235.00
4 Requesting a School Vehicle:	Yes	When requesting reimbursement for mileage, written permission must be attached.			
Type Requested?	SUV	*Choose from Drop Down Menu	Number of Staff Traveling in Vehicle:	3	
5 Other Expenses: Parking, Shuttle, Phone Calls, Etc.	Parking	=	\$ 25.00		
Receipts documenting expenditures must be attached to completed Travel Log upon return.					
OTHER TRAVEL ESTIMATED EXPENSES (Receipts Required)					\$ 25.00
IV. TOTAL Estimate for Employee Travel Reimbursement PO					\$ 260.00
V. OTHER PROJECTED TRAVEL EXPENSES WHICH REQUIRE A SEPARATE PO					
1 Registration Fees	\$ 250.00			=	\$ 250.00
2 Hotel Fee per Night Incl. Tax/Fees	\$ 175.00	Number of Nights	3	=	\$ 525.00
<i>Superintendent Signature Required for Hotel charges totaling more than \$350 per night (incl. tax/fees).</i>					
3 Est. Parking at Hotel per Night, include on BOA PO	\$ 10.00		3	=	\$ 30.00
4 Est. Airline/Baggage, include on BOA PO	\$ -			=	\$ -
5 Est. Rental Car, include on BOA PO	\$ -			=	\$ -
OTHER TRAVEL ESTIMATED EXPENSES ON SEPARATE POS					\$ 805.00
VI. TOTAL ESTIMATED COST OF TRAVEL FOR PROFESSIONAL DEVELOPMENT					\$ 1,065.00

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

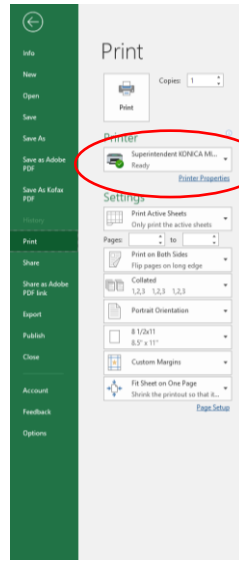
19. Print and sign and submit to your supervisor for approval, or sign and send for approval via Adobe, following the following steps. The steps can be followed for any document.

20. Print document to PDF:

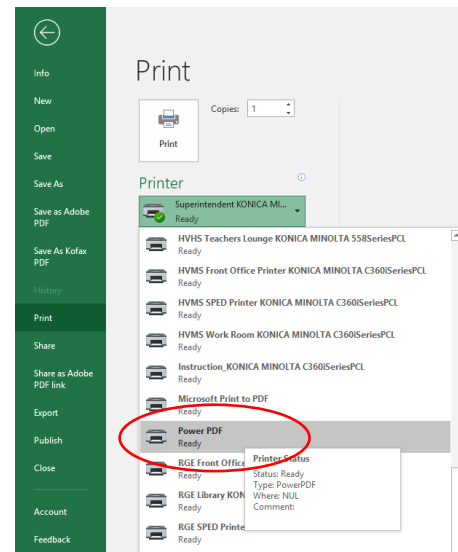
a. Click File



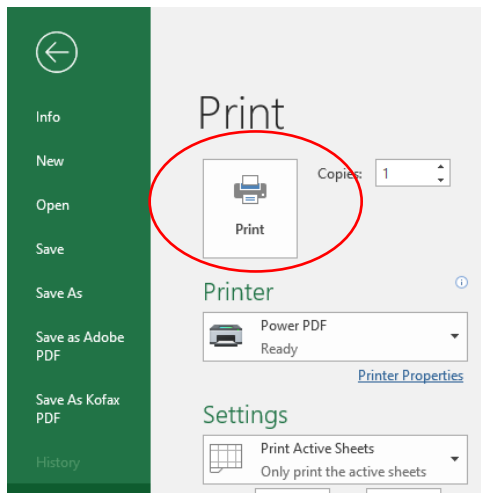
b. Click Print



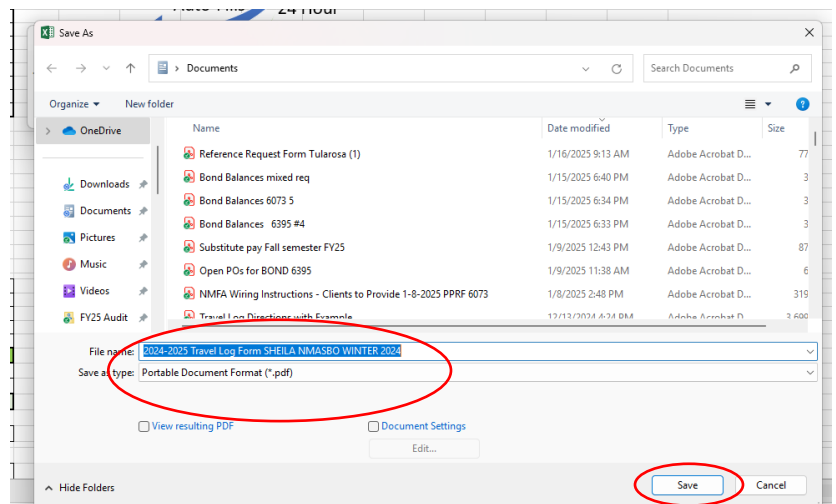
c. Click arrow on right of Printer, and select pdf or Power PDF



d. Click Print



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



21. Sign/date via Adobe and send to Sheila Offutt for Approval via Adobe.

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

c. If you do not have Adobe, Contact your Secretary or Technology for assistance.

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 agenda, registration information/flyer, hotel information, etc.
- 4) Click on the X to close the Organize pages window.
- 5) Click Save.
- 6) Proceed with e-signature steps below.

d. Click e-Sign

Menu Home 2024-2025 Travel Log F... x + Create

All tools Edit Convert **E-Sign**

TRAVEL REIMBURSEMENT

I. EMPLOYEE: Sheila Offutt

II. CONFERENCE / MTG: NMASBO Winter Conf.
 DESTINATION: Albuquerque, NM
 DATE (FROM): 2/13/2024 TIME (FROM): 2:30 PM

III. REIMBURSEMENT CALCULATION

MEALS

LIST FULL 24-HOUR PERIODS (EXCLUDING EXTENDED PERIODS)

Day	Date (From)	Time (From)
1	2/13/2024	2:30 PM
2	2/14/2024	2:30 PM
3	2/15/2024	2:30 PM
4		
5		
6		
7		

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		

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

Menu Home 2024-2025 Travel Log F... x + Create

All tools Edit Convert **E-Sign**

E-Sign

GET E-SIGNATURES FAST

Request e-signatures
 Send this document to anyone to e-sign online in 3 easy steps

FILL AND SIGN YOURSELF

Signature
 Click and drag to insert your own signature

Add initials +

After signing, you can create a read-only certified copy with an audit trail.

Save a certified copy

PERIOD 1
 PERIOD 2
 PERIOD 3
 PERIOD 4
 PERIOD 5
 PERIOD 6
 PERIOD 7
 Total Receipt:
 SELECT PART
 1 to 2 Hours
 2 to 6 Hours
 6 to 24 Hours

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

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

Add recipients to e-sign this document

soffutt@hatchschools.net x

sheilalynn77@gmail.com x

Enter addresses (using personal email for illustration purposes only)

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

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

The screenshot shows the 'Request e-signatures' interface. On the left, there is a sidebar with a 'Signature Fields' menu. A red arrow points from the 'Signature' option in this menu to a signature line on the document form. The document form contains various fields for a reimbursement request, including 'PERIOD 4', 'PERIOD 5', 'LOGGING POI', 'TRANSPORTATION', 'OTHER TRAVEL EXPENSES', and 'TOTAL REIMBURSEMENT REQUEST'.

- h. Click “Signer Info Fields” and Click and Drag “Date” and any other relevant fields to the correct Location on the document.

The screenshot shows the 'Request e-signatures' interface. On the left, there is a sidebar with a 'Signer Info Fields' menu. A red arrow points from the 'Date' option in this menu to a date field on the document form. The document form contains various fields for a reimbursement request, including 'PERIOD 4', 'PERIOD 5', 'LOGGING POI', 'TRANSPORTATION', 'OTHER TRAVEL EXPENSES', and 'TOTAL REIMBURSEMENT REQUEST'.

- i. Click the drop-down button on the Recipients list and choose second (or third, etc.) recipient, and follow above steps. Click SEND (Bottom Left of screen)

The screenshot shows the 'Request e-signatures' interface. On the left, there is a sidebar with a 'Recipients' list. A red circle highlights the 'Recipients' list, and a red arrow points from the 'SEND' button at the bottom left to the document form. The document form contains various fields for a reimbursement request, including 'PERIOD 4', 'PERIOD 5', 'LOGGING POI', 'TRANSPORTATION', 'OTHER TRAVEL EXPENSES', and 'TOTAL REIMBURSEMENT REQUEST'.

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

22. 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 includes a 'Filters' button and a search bar. On the left, a sidebar lists status categories: 'In progress (4)', 'Waiting for you (0)', 'Completed', 'Expired', 'Archived', and 'Draft'. The 'In progress' section is active, displaying a table of agreements. The table has columns for 'RECIPIENTS', 'TITLE', 'STATUS', and 'MODIFIED'. Three agreements are listed, all with a status of 'Out for signature'. A red circle highlights the 'Actions' menu on the right side of the table, which includes options: 'Open Agreement', 'Create a Template', 'Remind', 'Cancel', 'Download PDF', and 'Report Abuse'. Below the table, there's a section for 'Recipients (1 Completed)' showing two recipients: '1. Sheila Oflutt' (signed on Jan 16, 2025) and '2. shefalym77@gmail.com' (signature requested on Jan 16, 2025). An 'Activity' link is at the bottom right.

RECIPIENTS	TITLE	STATUS	MODIFIED
shefalym77@gmail.com 1 of 2 completed	2024-2025 Travel Log Form SHEILA NMAASBO WINTER 2024	Out for signature	1/16/2025
[Redacted] 0 of 1 completed	PY25 Semi Annual Certification Fall Semester Mail Merge HV10	Out for signature	1/16/2025
[Redacted] 0 of 2 completed	PY25 Semi Annual Certification Fall Semester Mail Merge	Out for signature	1/16/2025
[Redacted] 2 of 4 completed	SHRNGRants24022607460	Out for signature	2/7/2024

23. Submit all paperwork to your secretary so he/she can create your POs.