

Hatch Valley Public Schools
204 Hill St., PO Box 790
Hatch, NM 87937

Travel Agreement
2025-2026

Please initial that you have read and understand each requirement below regarding travel with Federal Funds and adherence to HVPS Travel policies.

_____ I understand that I will need to follow HVPS, State, and Federal Program Grant travel regulations.

_____ **I understand that I will need to complete an estimate before I travel and will obtain all applicable prior approvals. This includes Same Day Travel out of the District.**

_____ **I understand that if I cancel, I will be required to reimburse the District for any non-refundable travel-related expenses, incl. registration. Extenuating circumstances will be referred to the Superintendent.**

_____ I understand that I may use a school P-Card (Bank of America District Purchase Card) for my hotel if provided or I may pay with a PO. I understand that the hotel may require my personal credit card for the incidental deposit. Hotel stay may not exceed \$ 350.00 per night including taxes and fees. If the total cost per night exceeds this limit, I must obtain signed approval from the Superintendent before making the reservation.

_____ I understand that upon return, I will need to complete a **travel log** for my trip.

_____ I understand that when I check out of the hotel, I must pick up a folio (receipt) from the front desk. I must turn this folio in with my travel log and include it on my travel log. I will make sure the card charged on the receipt is not my personal card if I provided one for incidentals. If my personal card was charged, I will immediately (*within three days*) inform the business office, to be reimbursed.

_____ I understand that I will need to turn in all hotel, parking receipts, and the agenda, a copy of my name badge, and a copy/photo of the sign-in sheet with my travel log to the business office (Jessica Batrez) **within three business days**.

_____ I understand that if I need to be reimbursed for taxis, parking, baggage, etc., I will provide all receipts and include them on my travel log. Gratuities for taxi/ transportation allowed, not to exceed 15%.

_____ I understand that the maximum amount I will receive for meals is \$70 for in-state or out-of-state travel in each 24-hour period of travel. Partial-Day Reimbursement is aligned with NMAC 2.42.2 (DFA Rule 95-1).

By signing below, I agree to follow all the above travel and P-Card guidance in accordance with District, State, and Federal regulations for travel with Federal and State Funds.

Printed Name _____ Signature _____

Date _____

If you have questions or need help completing your travel log, please see
Jessica Batrez in the Business Office or call her at (575) 267-8217.
Email: jbatrez@hatchschools.net