

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

Over-Night Travel Agreement
2024-2025

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.

_____ I understand that upon return, I will need to complete a **travel log** for my trip and I will turn in an **agenda**.

_____ **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 a reimbursable meal must include “food” that constitutes an actual meal, and may include a drink or dessert, but must be on one ticket. A ticket that is not reimbursable would include only one item (a coffee, a dessert, a soda, etc.). A dessert purchased at the same restaurant as dinner at a later time, on a separate ticket, is not allowable per NM PED travel reimbursement regulations.

_____ I understand that I will need to turn in all hotel, meal, and parking receipts, the agenda, a copy of my name badge, and a copy/photo of the sign-in sheet to the business office (Jessica Batrez) **within three business days**. After receipts, dates, times, agenda, and all other required documentation are received, Jessica Batrez will then call you for your signature to submit to Accounts Payable to be processed.

_____ I understand that the maximum amount I will receive for meals is \$59 for in-state or out-of-state travel in each 24-hour period of travel. I understand that this amount does not roll over if it is not spent and that a balance of these funds will not be refunded to me. Partial-Day Reimbursement is aligned with NMAC 2.42.2 (DFA Rule 95-1).

_____ I understand that I need a separate receipt for each meal for each person. Receipts should not be combined with any other staff member.

_____ I understand that I am required to keep both receipts for every meal, the itemized receipt, and the receipt showing how the meal was paid. If I lose a receipt (one of the two), I need to make every effort to obtain the missing receipt from the restaurant. If I cannot obtain the missing receipt, in cases of financial hardship, I will be required to complete a notarized affidavit as documentation for my purchase. This will need to be pre-approved by my supervisor and the Superintendent.

_____ I understand that any receipt including an alcoholic beverage is not allowed for reimbursement.

_____ I understand that a meal should be reasonable (drink, main course, sides) and understand that NMPED may deem a meal such as a steak and lobster “excessive” and deny my reimbursement. If denied, I will reimburse the district for this charge. I understand that a meal receipt that is time-stamped at the same time a meal is provided on the agenda, may not be reimbursed unless approved by the Superintendent or Designee.

_____ I understand that the maximum percentage for tips on meals is 15%. (This is acceptable if a mandatory 18% is charged for large groups.) To calculate my tip, I can use my phone or calculator to multiply the meal total on the check by 0.15. I will write the tip amount on my receipt (my copy AND the restaurant copy) and I will then total my receipt and write the correct total on my copy of the receipt. I will write my name on both of my receipts. I understand that if I go over the meal budget per day or over-tip I will not be reimbursed for the overage.

_____ 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.

_____ 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 if I need to be reimbursed for taxis, parking, baggage, etc., I will provide all receipts and include them on my travel log.

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.