

CITY OF RIO COMMUNITIES TRAVEL PROCESS

All City of Rio Communities staff and elected officials must fill out a "Travel Request Form" prior to any travel. Travel means being on official business away from your <u>designated post of duty</u>.

Travel Request Deadlines: Travel Requests should be turned in prior to any travel and AT LEAST 10 days before the conference/training occurs to allow the Accounts Payable Office time to process advance payments.

Travel Forms- all forms are on the City of Rio Communities website and can be found using the link below:

https://www.riocommunities.net/finance/page/finance-department

- Travel Request/Final Voucher Form (Paper Forms -used for travel requests and reimbursements)
- Mileage Reimbursement Form (Paper Form-personal vehicle mileage within State)

Different Types of Travel Explained:

- 1. Per Diem: Is issued to out of City travelers that are not turning in receipts at a set per diem rate.
 - a. **Prior to Departure:** Traveler submits a completed **Per Diem- Travel Request Form**, map, & agenda. This is paid out using the limits set in the City of Rio Communities Travel Policy. Finance Dept. issues a set 80% advance, **if requested**.*
 - b.

Upon Return: Traveler submits a completed Per Diem-Final Travel Voucher Form, updates departure and return dates and time, and attaches proof of attendance. Using limits set in City of Rio Communities Travel Poliy, Finance Department issues reimbursement deducting any advance from final total cost.

- 2. Actuals: Is issued to out of City travelers that are turning in itemized receipts.
 - a. Prior to Departure: Traveler submits a completed Actual-Travel Request Form, map, agenda, & hotel booking receipt, any estimated cost docs. This is reimbursed by using the hotel booking receipt, and other estimated costs docs & the actual reimbursement limits set in the City of Rio Communities Travel Policy. Finance Dept. issues an 80% advance, if requested.*
 - b. Upon Return: Traveler submits Actual-Final Travel Voucher Form, and all itemized receipts along with evidence of attendance. (You don't have to turn in agenda and map again unless destination has changed from the request). Using limits set in City of Rio Communities Travel Policy, Finance Dept. issues final reimbursement deducting any advance from final total cost.
 - c. If you lose any itemized receipts, please complete Affidavit Lost Itemized Receipt Form.

*REQUEST FORM AND FINAL TRAVEL FORMS ARE LINKED. BE SURE TO SAVE EACH FILE SEPERATELY SO YOU DON'T HAVE TO RE-ENTER THE INFO EACH TIME YOU FINALIZE YOUR TRAVEL.

Mileage: The current mileage rate is .56/mile. Mileage is issued to in-City travelers that are using their personal vehicle for City business. Traveler logs the odometer readings as required in the Mileage Reimbursement Form and turns them in with department head signature to the Procurement Office for reimbursement. ***mileage requested outside of City limits must be requested via the Travel Form.

Vehicle Use Statement must be completed and submitted with travel form when a personal vehicle is being used in place of an employer provided vehicle.

<u>**P-Cards use:**</u> Used for <u>Actual Travel</u> only (i.e. hotel, parking, registration).

<u>P-card cannot be used for meals.</u>

MUST BRING IN PROOF OF ATTENDANCE FOR FINAL REIMBURSEMENT: Please bring in official certificate of completion, copy or picture of sign in sheet, official name tag, official email from agency verifying attendance (<u>i.e., agenda</u>, <u>handouts</u>, <u>conference materials</u>, <u>hotel receipt</u>, <u>etc are not acceptable</u>). This requirement is part of our accounting internal control procedures. **Please turn in Final Travel paperwork within 7 days of your return**.

CITY OF RIO COMMUNITIES	PER DIEM-TR	AVEL F	REQUEST			Version 08/15/2021
ALL REQUESTS MUST BE SUBMITTED (AND COMP	LETED CORRECTLY) AT L	EAST 10 DA	YS PRIOR TO TRAVEL	IF REQUEST	ING AN ADVAN	ICE.
INCORRECTLY COI	MPLETED REQUEST MAY	BE RETURN	IED AFFECTING THE I	SSUANCE OI	PAYMENT.	
MAKE SURE TO "SAVE AS" A COPY OF YOU	R REQUEST FORMS FOR	USE IN FINA	ALS. AND BE SURE TO	USE THE SA	ME FILE FOR F	INAL REIMBURSMENT.
Traveler	-		1			
Destination			1] .	
Justification] ~	
GL Account						
	aveling in state (Answe ling to Santa Fe (Answe					Rio Communities N.M.
	ing an Advance (Answe					
Is a Government Vehicle A	vailable to you (Answe	er Y or N)?		(if N, pl	ease provide	/ehicle Use Statement)
Departure Date & Time of Departure						
				Date		
				Time		
Do you depart befor	e the start of the norm	nal workda				
Trayleing To (loc	ation/site): Include yo	our agenda	How many ho			
	ation/site).	Jui agenae		n worksite:		
	Will you be usin	ng a City-ov	wned vehicle? (ans	wer Y or N)	Y	
Return Date & Time of Return						
				Date		1
				Time		
Does your return occur af	ter the end of the norr	mal workda				
Returning From: Include mileage chart	or man printout		How many h Click Here fo			
Returning From: Include mileage chart	or map printout			o worksite:		
If your actual return date an	id time differs from yoเ	ur anticipa			uest upon you	ır return.
Mileage						
	0 miles at		0.560	per mile	\$ -	
TOTAL OTHER EXPENSES: MUST PROVIDE ITE	MIZED RECEIPTS IF MO	ORE THAN	\$6/DAY OR \$30 PE	R TRIP.		
		Rental Car				
		Airfare				
	Rf	Parking egistration				
		Tips				
	Other					
Per Diem	Total Cost	S	\$ -			
Total Travel and business time			0	hours	0	hours beyond work day
Does this qualify for overnight travel?			Y		0	24 hour periods
Partial Day			a second da de de terre		1	
Partial day per diem when travel extends bey Less than 2 hours	yond the normal workd \$	day and no	overnight lodging	is required	that day.	
2 but less than 6 hours	\$	18.00				
6 but less than 12 hours	\$	40.00				
12 or more hours	\$	55.00			\$ -	
Overnight Travel In state	\$	151.00			\$ -	
Special Areas (Santa Fe only)	\$	194.00			\$ -	
Out of State	\$	151.00			\$ -	
Partial Day following a 24-hour period where	lodging is not require					
Hours beyond 24-hour period Less than 2 hours	\$	- 0	1			
Less than 2 nours 2 but less than 6 hours	\$ \$	- 18.00				
6 but less than 12 hours	\$	40.00				
12 or more hours	\$	55.00			\$-	
Total Cost of Travel					\$ -	
	Amount c	of Advance	Ś -		Ş -	
			Ŧ			
Traveler Certification: I certify				y business a	and the amou	nts claimed
Agenda, meeting deta			all aspects.	se is attack	hed	
		-	tion printout is atta		i.cu.	
Map Quest, Google N	lap or other mileage o					
□ Map Quest, Google N	lap or other mileage c					
Map Quest, Google M Signature	hap or other mileage c			Date		
Signature				Date		te
	Signatures	_		Date	Da	te
Signature				Date		te
Signature Approvals Department Head		-		Date		te
Signature				Date		te

			RAVEL VOUC			Version 08/15/2021
Travele Destination		OUCHERS MAY BE RETU	RNED AFFECTING THE	ISSUANCE O	F PAYMENT.	
Justification	n					Rio Communities
Budget/Line Item				_	-	
		in state (Answer Y or N				I
	Will you be traveling to S			_		
	a Government Vehicle Available	to you (Answer Y or N)?	(if N, ple	ase provide V	ehicle Use Statement)
Departure						
Date & Time of D	eparture			Date		1
				Time		-
	Do you depart before the sta	art of the normal work	day (answer Y or N)			-
			How many ho			-
	Travleing To (location/si	te): Include your agen	· · ·			
			Miles fro	m worksite:		
	v	Vill you be using a City	owned vehicle? (ans	swer Y or N)		
Return						
Date & Time of Re	eturn			Date Time		
Do	bes your return occur after the e	end of the normal work	day (answer Y or N)	? (i.e. 5 PM)		-
			How many			
Returning From:	Include mileage chart or map	printout	Click Here fo			
			Miles	to worksite:		
lf you	r actual return date and time di	ffers from your anticip	ated, please file a co	rrected requ	est upon you	r return.
Mileage		0 miles at	0.560) per mile	\$-	
TOTAL OTHER EXPEN	SES: MUST PROVIDE ITEMIZED	RECEIPTS IF MORE TH	AN \$6/DAY OR \$30 P	ER TRIP.		
		Rental C				
		Airfa	re			
		Parki	ng			
		Registrati				
		Ti	os			
	Other		-	-		
		Total Costs	\$ -			
Per Diem						
Per Diem Total Travel and b	ousiness time		C	hours	0	hours beyond work day
Total Travel and b	ousiness time for overnight travel?		0 Y	hours		hours beyond work day 24 hour periods
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Total Travel and b Does this qualify Partial Day Partial day per diem	or overnight travel? when travel extends beyond the		Y		0	
Total Travel and b Does this qualify Partial Day Partial day per diem Less than 2 hours	or overnight travel? when travel extends beyond the	\$ -	Y no overnight lodging		0	
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CITY OF RIO COMMUNITIES ACTUAL-TRAVEL REQUEST

ALL REQUESTS MUST BE SUBMITTED (AND COMPLETED CORRECTLY) AT LEAST 10 DAYS PRIOR TO TRAVEL IF REQUESTING AN ADVANCE. INCORRECTLY COMPLETED REQUEST MAY BE RETURNED AFFECTING THE ISSUANCE OF PAYMENT.

Version 8/15 /2021

MAKE SURE TO "SAVE AS" A COPY OF YOUR REQUEST FORMS FOR USE IN FINALS. AND BE SURE TO USE THE SAME FILE FOR FINAL REIMBURSMENT.

Traveler		TINALS. AND DE SC			
Destination					
Justification Budget/Line Item					
	Will you be traveling in state (Answer Y or N)?			Rio Communities N.M.	
	Will you be traveling to Santa Fe (Answer Y or N)?				
ls a (Are you requesting an Advance (Answer Y or N)? Sovernment Vehicle Available to you (Answer Y or N)?		(if N, ple	ease provide Vehicle L	Ise Statement)
Departure			() //		
Date & Time of De	parture		Data		
			Date Time		
	Do you depart before the start of the normal wor				
	Traulaing To (location (site)) Include your accord		y hours earlier?		_
	Travleing To (location/site): Include your agend		ce from worksite:		
	Will you be using a Cit				
Return					
Date & Time of Re	turn		Date		
			Time		
	Does your return occur after the end of the normal wo	orkday (answer Y o	r N)? (i.e. 5 PM)		
			any hours later?		
Returning From:	Include mileage chart or map printout	<u>Click Here</u> Mi	for Map iles to worksite:		
If	your actual return date and time differs from your ant			uest upon your returi	л.
Total All Expenses			004002		
	Hotel Meals	Ś -	PCARD? PCARD NOT	AUTHORIZED	
	Rental Car	·	PCARD?		
	Airfare		PCARD?		
	Parking Registration		PCARD? PCARD?		
	Tips				
	Total Costs	\$ -			··· -)
Mileage	al expenses limited by policy & receipts are REQUIRE	D (\$55 a day for ii	n/out-of-state n	neals, \$215/day lodg	ing).
	0 miles at	0.560	per mile	\$ -	
Total Cost of Travel					
				\$ -	
	Amount of Advance	\$ -]		
Tra	veler Certification: I certify that the above travel was no	acaccary and prop	or City business	and the amounts clair	mod
ii d		ue in all aspects.	er city busiliess		lieu
	Agenda, meeting details or other documentation reg				
	Map Quest, Google Map or other mileage determina	ition printout is at	tached.		
Signature			Date		
-			•		
Approvals	Signatures			Date	
Department Head					
Finance Director					
City Manager					

CITY OR RIO	COMMUNITIES ACTUAL-FINA	L TRA	AVEL VOUCI	HER		Version 7/1/2021
Travele		AY BE RI		G THE ISSUANCE	OF PAYMENT.	
Destination	ו					
Budget/Line Item					1	Rio Communities St.M.
	Will you be traveling in state (Answer Y Will you be traveling to Santa Fe (Answer Y					I
ls a	Government Vehicle Available to you (Answer Y			(if N, ple	ease provide Vel	hicle Use Statement)
Departure Date & Time of D	apartura					
Date & Time of D	eparture			Date		
	Do you depart before the start of the norr	malwor	kday (answor V or	Time		
				y hours earlier?		
	Travleing To (location/site): Include you	r agend		ce from worksite:		
	Will you be usi	ng a Cit	y-owned vehicle?			
Return						
Date & Time of Re	eturn			Date		
				Time		
	Does your return occur after the end of the nor	mal wo				
Returning From:	Include mileage chart or map printout		How ma Click Here	ny hours later?		
-		ļ	Mi	les to worksite:		
lj Total All Expenses	f your actual return date and time differs from ye	our anti	icipated, please file	e a corrected re	quest upon your	return.
Total All Expenses		Hotel		PCARD?		
	Dee	Meals			AUTHORIZED	
		ital Car Airfare		PCARD? PCARD?		
		Parking		PCARD?		
	Regis	tration Tips		PCARD?		
	Total Costs		\$ -			
Act Mileage	ual expenses limited by policy & receipts are R	EQUIRE	D (\$55 a day for in	n/out-of-state	meals, \$215/da	y lodging).
	0 miles at		0.560	per mile	\$-	
Total Travel and b			0	hours		hours beyond work day
	for overnight travel? a 24-hour period where lodging is not required				0	24 hour periods
Hours beyond 24		0				
Less than 2 hours 2 but less than 6		- 18.00				
6 but less than 12		40.00				
12 or more hours	\$	55.00			\$-	
Total Cost of Travel					\$ -	
	Amount of Ac	-				1
Tra	Final Total Reimburs veler Certification: I certify that the above trave	L. L.	-	er Citv business	and the amoun	ts claimed
	are just	t and tru	ue in all aspects.			
	Agenda, meeting details or other documenta Map Quest, Google Map or other mileage de				d.	
Signature	2			Date		
Approvals	Signatures				Date	a
					Date	
Department Head						
Finance Director						
City Manager						

CITY OF RIO COMMUNITIES VEHICLE USE STATEMENT

ONLY COMPLETE STATEMENT IF YOU ANSWERED "N" TO USE OF GOVERNMENT VEHICLE ON BUSINESS TRAVEL.

TRAVELER:

BRIEFLY DESCRIBE CIRCUMSTANCES WHERE A GOVERNMENT VEHICLE WAS NOT AVAILABLE TO EMPLOYEE REQUESTING TRAVEL:

Should Administration determine the above statement to be false, mileage reimbursement rate will be adjusted to the rate consistent with employer vehicle availability.

Department Head Signature

Date

STATE OF NEW MEXICO)

RRO)

) ss.



City OF SOCORRO

AFFIDAVIT FOR LOST ITEMIZED PURCHASE RECEIPT

I, _____, being first duly sworn upon my oath, subject to the penalty of perjury, depose and state the following:

1. I am over the age of 18 years.

 2. I a POSITION at the City of Rio Communities
 DEPARTMENT department.

3.	On or aroun	DATE/TIME	I purchased		DES	CRIPTION OF PURCHASE
for				PURPOSE OF PURCHASE		
with m	y personal crea	lit card, from		VENDOR NAME	for \$	AMOUNT

4. I misplaced the itemized receipt and am unable to get a duplicate.

5. I did not purchase alcohol, entertainment, or valet/preferred parking from the merchant in this transaction.

6. I did not purchase personal items/expenses not associated with City business

7. I did not purchase items/expenses incurred by family members or guests.

8. I did not purchase items/expenses prior to or beyond my dates of travel.

9. The purpose of this affidavit is to supplement the purchasing record in lieu of the itemized receipt.

10. FURTHER, AFFIANT SAYETH NOT.

Signature

Subscribed and sworn to before me by

NAME _____ on this _____ day of ______, _____,

NOTARY PUBLIC

My Commission Expires:
