



## CITY OF RIO COMMUNITIES TRAVEL PROCESS

Version 08/15/2021

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 designated post of duty.

**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 Policy, 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.

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

**P-card cannot be used for meals.**

**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 (i.e., agenda, handouts, conference materials, hotel receipt, etc are not acceptable). This requirement is part of our accounting internal control procedures. **Please turn in Final Travel paperwork within 7 days of your return.**

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.

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 REIMBURSEMENT.

Traveler \_\_\_\_\_  
 Destination \_\_\_\_\_  
 Justification \_\_\_\_\_  
 GL Account \_\_\_\_\_



Will you be traveling in state (Answer Y or N)? \_\_\_\_\_  
 Will you be traveling to Santa Fe (Answer Y or N)? \_\_\_\_\_  
 Are you requesting an Advance (Answer Y or N)? \_\_\_\_\_  
 Is a Government Vehicle Available to you (Answer Y or N)? \_\_\_\_\_

(if N, please provide Vehicle Use Statement)

**Departure**

Date & Time of Departure  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Do you depart before the start of the normal workday (answer Y or N)? (i.e. 8 AM) \_\_\_\_\_  
 How many hours earlier? \_\_\_\_\_  
 Traveling To (location/site): **Include your agenda or meeting notice** \_\_\_\_\_  
 Miles from worksite: \_\_\_\_\_  
 Will you be using a City-owned vehicle? (answer Y or N) **Y**

**Return**

Date & Time of Return  
 Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Does your return occur after the end of the normal workday (answer Y or N)? (i.e. 5 PM) \_\_\_\_\_  
 How many hours later? \_\_\_\_\_  
 Returning From: **Include mileage chart or map printout** \_\_\_\_\_ [Click Here for Map](#) \_\_\_\_\_  
 Miles to worksite: \_\_\_\_\_

If your actual return date and time differs from your anticipated, please file a corrected request upon your return.

**Mileage**

\_\_\_\_\_ 0 miles at 0.560 per mile \$ -

**TOTAL OTHER EXPENSES: MUST PROVIDE ITEMIZED RECEIPTS IF MORE THAN \$6/DAY OR \$30 PER TRIP.**

Rental Car \_\_\_\_\_  
 Airfare \_\_\_\_\_  
 Parking \_\_\_\_\_  
 Registration \_\_\_\_\_  
 Tips \_\_\_\_\_  
 Other \_\_\_\_\_  
 Total Costs \$ -

**Per Diem**

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**

Partial day per diem when travel extends beyond the normal workday and no overnight lodging is required that day.

Less than 2 hours	\$ -	
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 required**

Hours beyond 24-hour period	_____ 0	
Less than 2 hours	\$ -	
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 of Advance \$ -

Traveler Certification: I certify that the above travel was necessary and proper City business and the amounts claimed are just and true in all aspects.

- Agenda, meeting details or other documentation regarding travel purpose is attached.
- Map Quest, Google Map or other mileage determination printout is attached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approvals**

**Signatures**

**Date**

Department Head \_\_\_\_\_  
 Treasurer \_\_\_\_\_  
 City Manager \_\_\_\_\_

**INCORRECTLY COMPLETED VOUCHERS MAY BE RETURNED AFFECTING THE ISSUANCE OF PAYMENT.**



Traveler \_\_\_\_\_  
 Destination \_\_\_\_\_  
 Justification \_\_\_\_\_  
 Budget/Line Item \_\_\_\_\_

Will you be traveling in state (Answer Y or N)? \_\_\_\_\_  
 Will you be traveling to Santa Fe (Answer Y or N)? \_\_\_\_\_  
 Is a Government Vehicle Available to you (Answer Y or N)? \_\_\_\_\_

*(if N, please provide Vehicle Use Statement)*

**Departure**

Date & Time of Departure

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Do you depart before the start of the normal workday (answer Y or N) ? (i.e. 8 AM) \_\_\_\_\_  
 How many hours earlier? \_\_\_\_\_

Traveling To (location/site): **Include your agenda or meeting notice** \_\_\_\_\_

Miles from worksite: \_\_\_\_\_  
 Will you be using a City-owned vehicle? (answer Y or N) \_\_\_\_\_

**Return**

Date & Time of Return

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Does your return occur after the end of the normal workday (answer Y or N)? (i.e. 5 PM) \_\_\_\_\_  
 How many hours later? \_\_\_\_\_

Returning From: **Include mileage chart or map printout** [Click Here for Map](#) \_\_\_\_\_

Miles to worksite: \_\_\_\_\_

*If your actual return date and time differs from your anticipated, please file a corrected request upon your return.*

**Mileage**

\_\_\_\_\_ 0 miles at 0.560 per mile \$ -

**TOTAL OTHER EXPENSES: MUST PROVIDE ITEMIZED RECEIPTS IF MORE THAN \$6/DAY OR \$30 PER TRIP.**

Rental Car	_____
Airfare	_____
Parking	_____
Registration	_____
Tips	_____
Other _____	_____
<b>Total Costs</b>	<b>\$ -</b>

**Per Diem**

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**

Partial day per diem when travel extends beyond the normal workday and no overnight lodging is required that day.

Less than 2 hours	\$ -	
2 but less than 6 hours	\$ 18.00	
6 but less than 12 hours	\$ 40.00	
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**Partial Day following a 24-hour period where lodging is not required**

Hours beyond 24-hour period	_____ 0	
Less than 2 hours	\$ -	
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 of Advance \$ -  
 Final Total Reimbursement \$ -

Traveler Certification: I certify that the above travel was necessary and proper City business and the amounts claimed are just and true in all aspects.

- Agenda, meeting details or other documentation regarding travel purpose is attached.
- Map Quest, Google Map or other mileage determination printout is attached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approvals	Signatures	Date
Department Head	_____	_____
Finance Director	_____	_____
City Manager	_____	_____

# CITY OF RIO COMMUNITIES ACTUAL-TRAVEL REQUEST

Version 8/15/2021

**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.**

**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 REIMBURSEMENT.**

Traveler	
Destination	
Justification	
Budget/Line Item	
Will you be traveling in state (Answer Y or N)?	
Will you be traveling to Santa Fe (Answer Y or N)?	
Are you requesting an Advance (Answer Y or N)?	
Is a Government Vehicle Available to you (Answer Y or N)?	



*(if N, please provide Vehicle Use Statement)*

## Departure

Date & Time of Departure

Date	
Time	
Do you depart before the start of the normal workday (answer Y or N) ? (i.e. 8 AM)	
How many hours earlier?	
Traveling To (location/site): <b>Include your agenda or meeting notice</b>	
Miles from worksite:	
Will you be using a City-owned vehicle? (answer Y or N)	

## Return

Date & Time of Return

Date	
Time	
Does your return occur after the end of the normal workday (answer Y or N)? (i.e. 5 PM)	
How many hours later?	
Returning From: <b>Include mileage chart or map printout</b> <a href="#">Click Here for Map</a>	
Miles to worksite:	

*If your actual return date and time differs from your anticipated, please file a corrected request upon your return.*

## Total All Expenses

Hotel		PCARD?	
Meals	\$ -	PCARD NOT AUTHORIZED	
Rental Car		PCARD?	
Airfare		PCARD?	
Parking		PCARD?	
Registration		PCARD?	
Tips			
Total Costs	\$ -		

**Actual expenses limited by policy & receipts are REQUIRED (\$55 a day for in/out-of-state meals, \$215/day lodging).**

## Mileage

miles at 0.560 per mile \$ -

## Total Cost of Travel

Amount of Advance \$ -

Traveler Certification: I certify that the above travel was necessary and proper City business and the amounts claimed are just and true in all aspects.

- Agenda, meeting details or other documentation regarding travel purpose is attached.
- Map Quest, Google Map or other mileage determination printout is attached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approvals	Signatures	Date
Department Head	_____	_____
Finance Director	_____	_____
City Manager	_____	_____

INCORRECTLY COMPLETED VOUCHERS MAY BE RETURNED AFFECTING THE ISSUANCE OF PAYMENT.



Traveler \_\_\_\_\_  
 Destination \_\_\_\_\_  
 Justification \_\_\_\_\_  
 Budget/Line Item \_\_\_\_\_

Will you be traveling in state (Answer Y or N)? \_\_\_\_\_  
 Will you be traveling to Santa Fe (Answer Y or N)? \_\_\_\_\_  
 Is a Government Vehicle Available to you (Answer Y or N)? \_\_\_\_\_

(if N, please provide Vehicle Use Statement)

Departure

Date & Time of Departure

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Do you depart before the start of the normal workday (answer Y or N) ? (i.e. 8 AM) \_\_\_\_\_  
 How many hours earlier? \_\_\_\_\_  
 Traveling To (location/site): **Include your agenda or meeting notice** \_\_\_\_\_  
 Miles from worksite: \_\_\_\_\_  
 Will you be using a City-owned vehicle? (answer Y or N) \_\_\_\_\_

Return

Date & Time of Return

Date \_\_\_\_\_  
 Time \_\_\_\_\_  
 Does your return occur after the end of the normal workday (answer Y or N)? (i.e. 5 PM) \_\_\_\_\_  
 How many hours later? \_\_\_\_\_  
 Returning From: **Include mileage chart or map printout** [Click Here for Map](#) \_\_\_\_\_  
 Miles to worksite: \_\_\_\_\_

If your actual return date and time differs from your anticipated, please file a corrected request upon your return.

Total All Expenses

Hotel	_____	PCARD?	_____
Meals	_____	PCARD NOT AUTHORIZED	_____
Rental Car	_____	PCARD?	_____
Airfare	_____	PCARD?	_____
Parking	_____	PCARD?	_____
Registration	_____	PCARD?	_____
Tips	_____		
Total Costs	\$ -		

Actual expenses limited by policy & receipts are REQUIRED (\$55 a day for in/out-of-state meals, \$215/day lodging).

Mileage

\_\_\_\_\_ miles at 0.560 per mile \$ -

Total Travel and business time \_\_\_\_\_ hours \_\_\_\_\_ hours beyond work day  
 Does this qualify for overnight travel? \_\_\_\_\_ 24 hour periods

Partial Day following a 24-hour period where lodging is not required

Hours beyond 24-hour period	_____		
Less than 2 hours	\$ -		
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 of Advance	\$ -
Final Total Reimbursement	\$ -

Traveler Certification: I certify that the above travel was necessary and proper City business and the amounts claimed are just and true in all aspects.

- Agenda, meeting details or other documentation regarding travel purpose is attached.
- Map Quest, Google Map or other mileage determination printout is attached.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approvals	Signatures	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

