REGION IX EDUCATION COOPERATIVE
Itemized Schedule of Travel Expenses

☐ Approved Rates ☐ Actual

Name: _____ **School District:** _____

Phone/Cell: _____ **Department:** _____

Address: _____ **Work Phone:** _____

City, State,Zip: _____ **Work Hours:** _____

Travel Date	Departure Time	Arrival Time	Enter destination, meeting attended, and miscellaneous	Odometer Readings Start	Odometer Readings End	# Miles	Mileage $ Amount	Per Diem $ Amount	Misc $ Amount	Total $ Amount
						-	-			-
						-	-			-
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						-	-			-
						-	-			-
						-	-			-
						-	-			-
Totals						0	$0.00	$0.00	$0.00	$0.00

Payee Signature _____ Date _____

Supervisor Approval _____ Date _____

Superintendent Approval _____ Date _____

REC IX Dir. Approval _____ Date _____

Advance Amt enter Amt ☐

Adjusted Reimbursement

***************************State of NM Procurement Code requires document verify attendance. Must attach Agenda, Registration, etc.***************************