



MRCOG TRAVEL VOUCHER FOR TRAVEL
WITH OVERNIGHT LODGING (PER DIEM)

For travel with overnight lodging and per diem expenses

Traveler: _____

Fund Number: _____

Destination: _____

G/L Number(s): _____

Business Travel Began

Date:

Time:

Business Travel Ended

Date:

Time:

Mileage (privately-owned automobile)

_____ (miles) × _____ (MRCOG approved mileage rate) \$ _____

Airfare

Coach class commercial airfare paid by employee \$ _____

Per Diem (where overnight travel is required)

- a. In state areas, **\$180.00**;
 b. In state special areas (Santa Fe), **\$249.00**;
 c. Out of state areas, **\$180.00**; \$ _____

Return from Overnight Travel (when overnight travel is no longer required)

- a. Less than 2 hours of travel beyond the normal work day, **none**;
 b. 2 hours, but less than 6 hours beyond the normal work day, **\$25.00**;
 c. 6 hours, but less than 12 hours beyond the normal work day, **\$50.00**;
 d. 12 hours or more beyond the normal work day, **\$70.00** \$ _____

Other Expenses

Taxi, transportation fares, parking fees, registration fees, etc. \$ _____

Total Cost of Travel \$ _____

Employee/Public Officer Signature: _____

Date: _____

Approvals:

Supervisor: _____

Date: _____

Executive Director: _____

Date: _____