



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, **\$151.00**;
b. In state special areas (Santa Fe), **\$194.00**;
c. Out of state areas, **\$151.00**; \$ _____

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, **\$18.00**;
c. 6 hours, but less than 12 hours beyond the normal work day, **\$40.00**;
d. 12 hours or more beyond the normal work day, **\$55.00** \$ _____

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: _____