

2014-15

# TRAVEL & PDP

## FINANCE & ADMINISTRATION

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*“Real integrity is doing the right thing, knowing that nobody’s going to know whether you did it or not.”*

*- Oprah Winfrey*



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# TRAVEL FORMS NEEDED AND PROCESSING SCHEDULE

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## 1. COMPLETE TRAVEL & PDP AUTHORIZATION REQUEST FORMS (AS APPLICABLE)

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- Travel & PDP Authorization Request form - Required - On Blue paper
- Pre Activity Form - Required
- Itinerary, agenda, brochure, email confirmation or any pertinent documentation describing business trip to include location, dates and times
- Hotel confirmation and or Flight Itinerary
- Education schedule of registered classes indicating location, dates and times, list of books or any other pertinent information and copy of approved HR Educational leave form

## 2. UPON RETURN SUBMIT (WHEN APPLICABLE)

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- Post Activity form - Required
- Copy of approved Travel & PDP Authorization Request form with bottom section completed, calculated and signed
- All original detail receipts
- Copy of corresponding Purchase Order
- Grades for Educational reimbursement i.e., tuition or books

## 3. PROCESSING SCHEDULE

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- Submit to Finance & Administration the completed Travel request by end of business day on Monday
- Travel request review on Tuesday
- PDP committee meets Wednesday
- Additional signatures if Actuals, Out of state or other on Thursday
- Purchase Order processing on Friday

## 4. OTHER THINGS TO CONSIDER

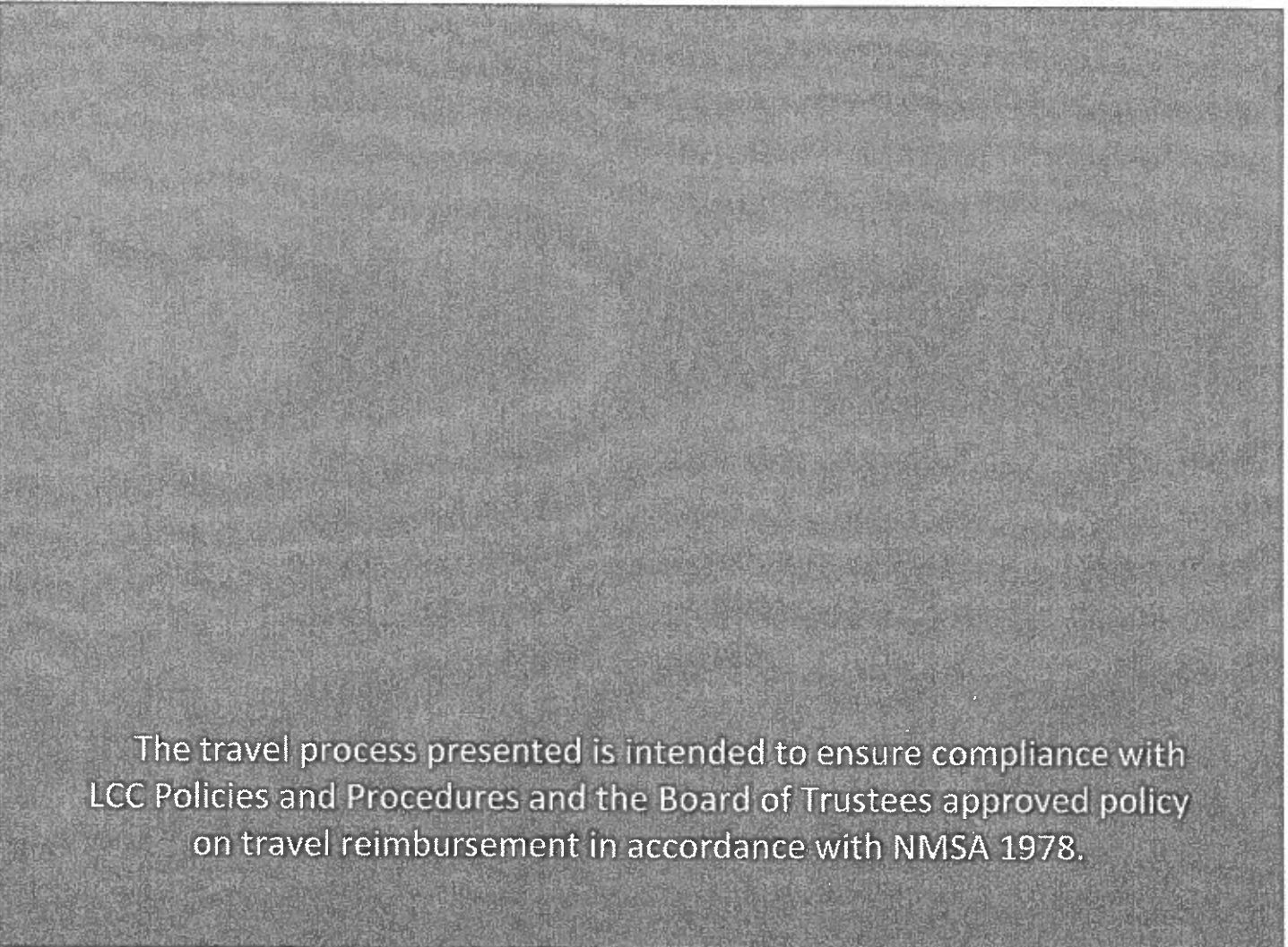
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- Requests for Actuals or Out of State must be approved by the President
- Submit completed and signed Travel requests at least 10 days prior to travel
- Approval requests must be made before travel or expenses occur
- Receipt of Purchase Order is your approval to Travel
- PDP request should be planned and submitted prior to beginning educational courses





# LUNA COMMUNITY COLLEGE TRAVEL POLICY



The travel process presented is intended to ensure compliance with LCC Policies and Procedures and the Board of Trustees approved policy on travel reimbursement in accordance with NMSA 1978.



## LCC TRAVEL POLICY

### INTRODUCTION

The travel process presented is intended to ensure compliance with LCC Policies and Procedures and the Board of Directors approved policy on travel reimbursement in accordance to NMSA 1978.

#### 1. Travel Management

- 1.1 All reimbursable travel is coordinated through Finance & Administration Office hereafter referred to as the approving office.
- 1.2 Each department designates the director and the department secretary to serve as the travel coordinators for the department. Travel coordinators will be trained and assisted by the approving office. Travel coordinators arrange all official travel for persons in their respective departments.
- 1.3 To ensure policy and procedure compliance, travel coordinators are the authorized contact for travel arrangements. The approving office contacts travel coordinator regarding changes to, or problems with individual travel. Questions or problems relating to official LCC travel are referred to the approving office.
- 1.4 Complete documents must be at the approving office **ten (10) days** prior to travel to ensure timely processing. Travelers unable to comply will be reimbursed upon return provided all other requirements have been met.
- 1.5 Each department is responsible for making its own travel arrangements after approval. If payment is to be on the LCC Procurement Card, traveler will forward purchase order, itinerary, hotel information, etc., to the secretary of the President or respective Vice-President to coordinate the arrangements. LCC does not authorize the use of travel agents, and will not pay any surcharge.
- 1.6 The complete Pre-Travel Activity Form must accompany each travel request.

##### **1.6.1 EXPRESS 1 (One) DAY TRAVEL - EXCEPTION**

- *Pre-Activity and Post Activity forms are not required for One (1) day travel requests for mileage or mileage with qualifying partial day meal per diem. Complete the Travel Authorization form and attach agenda, email or other meeting material. Include vehicle denial form if applicable and submit to approving office for processing.*

#### 2. Lodging

- 2.1 Hotel accommodations will be made in the most economical manner for LCC. For example, up to two persons of the same gender will be expected to share a room if LCC is paying Actuals. Travelers desiring their own room can receive the per diem rate per person and utilize the per diem in any manner.
- 2.2 If Actuals are requested, the *President's pre-approval is required*. Hotel confirmation is also required for advance payment.

#### 3. Mileage

- 3.1 Mileage is reimbursed in accordance with LCC Policies & Procedures and established rates.
- 3.2 Employees must prepare (at least 5 days prior to departure) a vehicle request form and submit to the Motor Pool Director who will either approve or deny an LCC Vehicle.
- 3.3 If an LCC Vehicle is not available, the traveler must submit the denied vehicle request form to the approving office, in order to receive 100% mileage reimbursement.

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- 3.4 When a traveler wishes to use a private vehicle, the traveler must indicate this on the Travel Form which qualifies the traveler for 50% mileage reimbursement
  - 3.5 If LCC administration is providing a vehicle for a group, no mileage will be paid for anyone choosing to travel on their "own".
  - 3.6 Refer to the attached table of distances that provides accurate mileage between cities in New Mexico and use MapQuest for other destinations.

#### 4. Air Fare

- 4.1 Travelers are required to travel on the lowest reasonable fare available at the time travel is booked. Travelers will use all means available such as the Internet for the lowest, reasonable rate. Any exception to travel on the lowest reasonable fare must be requested, justified and documented on the travel request prior to booking.
- 4.2 Any ticket not used for approved travel is returned to the authorized office as soon as possible. Travelers wishing to travel with an unauthorized traveler on a two-for-one, or special-fare, must pay the difference between the two-for-one, or special-fare, and the lowest reasonable single fare available at the time of booking. Arrangements for paying the price difference must be made through the airline or the authorized office.
- 4.3 Travelers wishing to combine personal business with approved, LCC related travel must pay the difference between any additional costs incurred for personal business and the lowest fare available for the school related travel. Arrangements for paying the price difference must be made with the airline or the authorized office.
- 4.4 Airline frequent flyer miles are not assigned, accumulated, or monitored by LCC.
- 4.5 Travelers with a bona fide reason not to travel via air may travel on other commercial conveyance not to exceed the lowest reasonable airfare at the time of booking.

#### 5. Vehicle Rental

- 5.1 When a vehicle is to be rented in conjunction with official LCC travel, the need for a vehicle is documented and attached to the Travel Authorization Form and must be ***PRE-APPROVED BY THE PRESIDENT.***
- 5.2 Travelers are not reimbursed for insurance coverage offered by vehicle rental agencies. Employees are covered by LCC insurance as long as they are on official LCC business.
- 5.3 The reimbursement request is submitted upon return via the Travel Reimbursement Voucher.

#### 6. Other Expenses

- 6.1 Reimbursement is in accordance with LCC Policies and Procedures.
- 6.2 Receipts or other appropriate documentation, including an itemized statement of expenses, are required for reimbursement of reasonable expenses in excess of \$6 per day or \$30 per trip. All such requests for reimbursements are done via the Travel Reimbursement Voucher.

#### 7. Travel Time

- 7.1 Travel time will normally be the minimum number of days necessary to travel via commercial airline to and from the destination and attend the approved function. Any exceptions must be ***PRE-APPROVED BY THE PRESIDENT.***
- 7.2 Additional travel time may be allowed if cost savings for LCC can be documented. If an additional night stay or other arrangement requiring additional time at the travel destination provides a savings on air fare costs equal to, or in excess of, the cost of paying for additional meals, lodging and other expenses, travelers may be authorized additional travel time.



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- 7.3 If travel is via a private vehicle, additional time for travel may be authorized if such time does not increase the total trip cost above what would be paid if travel were via commercial airline. As a rule, In-State Travel is same day and Out-of-State Travel is one extra day pre & post event. Exceptions must be requested via justification and attached to Travel Authorization Form for approval consideration.

**8. Meals (Actuals and Partial Per Diem)**

- 8.1 If no Overnight Travel, LCC pays partial per diem for same day travel only after a minimum of two hours beyond the normal working day (normal working day is defined as nine hours).
- 8.2 After Overnight Travel, LCC pays partial day per diem rates. The nine-hour working day clause does not apply in this scenario.
- 8.3 Meal rates and limits for Actuals and Per Diem are outlined on the back of the Travel Authorization Form. Actual meal reimbursements require President's pre-approval and receipts.

**9. Travel Advances and Reimbursements**

**9.1 ACTUALS**

- 9.1.1 Travelers are expected to pay reimbursable travel expenses with personal credit cards or funds. Under extenuating circumstances the President may approve a request for advance for these expenses up to 50% following normal procedures.
- 9.1.2 Registration, travel costs, and lodging may be paid in advance by LCC.
- 9.1.3 A Travel Reimbursement Voucher, which includes an itemized statement of all un-reimbursed costs and receipts supporting the expenses and the completed Post Travel Activity Form should be submitted to the Approving Office within five (5) working days after completion of travel.
- If the advance exceeds actual expenses, reimbursement to LCC must accompany the voucher.
  - Expenses in excess of the advance will be reimbursed following normal procedures.
  - Requests for reimbursement must be accompanied by the Post Travel Activity Form

**9.2. PER-DIEM**

- 9.2.1 Per-diem may be advanced but only up to 80% of the estimated allowable amount. Rates for lodging and meals are located on the back of the Travel Authorization form.
- 9.2.2 Reimbursement of the 20% balance and/or other reimbursable expenses will be made upon submission of a completed Post Travel Activity Form with a copy of the approved Travel Authorization Form.

- 10. Abuse or violation of travel procedures may result in restriction or suspension of travel privileges.**

***President's pre-approval is required for Out-of-State travel.***





# LUNA COMMUNITY COLLEGE TRAVEL PROCEDURES



In accordance with LCC Travel Policy



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## LCC TRAVEL PROCEDURES

(IN ACCORDANCE WITH LCC TRAVEL POLICY)

### 1. AUTHORIZATION FOR TRAVEL

- 1.1 Complete a Travel Authorization Form and obtain required written approval before any costs are incurred or travel arrangements are confirmed. Signature approvals obtained by the employee are as follows:
- 1.2 Travel requests for employees, except those who report directly to the President or Board of Directors, are approved by the department Coordinator/Director, the respective Vice-President, and the Vice-President of Finance & Administration. The following require President's pre-approval: all out-of-state travel, vehicle rental, and requests for actuals prior to making arrangements.
- 1.3 Travel requests for personnel reporting directly to the President, are approved by the President and the Vice-President of Finance & Administration.
- 1.4 To ensure process is complete prior to travel, a completed and approved travel authorization must be received by the office of Finance & Administration herein referred to as the "approving office" (10) ten days prior to date disbursement is needed.

Travel requests must have all required approval signatures before travel arrangements may be confirmed. LCC is not obligated to pay for re-ticketing, change fees, or other debts incurred when a traveler made arrangements prior to obtaining approval as delineated. It is the director's/coordinators responsibility first and foremost to scrutinize all aspects of travel prior to approving. All requests must be justifiable, allowable and necessary.

### 2. TRAVEL REIMBURSEMENT

- 2.1 Request reimbursements by preparing a Travel & PDP Authorization Form. Indicate the following:
  - 2.1.1 Type of reimbursement, per diem or actual, which include lodging and meals only.
  - 2.1.2 Indicate all other costs associated with the proposed trip.
- 2.2 Submit the Travel Request Form and include an itemized explanation of the expenses. Supporting documentation such as conference brochures, workshop information, meeting details, etc. and agendas must accompany all requests. All approved and completed forms must be routed to the approving office.
- 2.3 In lieu of per diem, the President must approve all requests for actuals. If lodging prepayment is requested, hotel confirmation in the name of traveler is required. Every effort should be made to obtain the best possible price.
  - 2.3.1 Written justification is required if requesting more than one (1) day prior to meeting date for out-of-state, or for overnight in-state prior to scheduled event or after the event. (This must be addressed to the President for pre-approval in memo form).
  - 2.3.2 All codes must be entered by the respective department in order to process travel authorizations. Incomplete forms will be returned to the requestor.
  - 2.3.3 Submit a copy of the Travel Reimbursement Voucher. This is for actual meals and other expenses not advanced.

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### 3. TRAVEL REIMBURSEMENT VOUCHER

- 3.1 Receipts must be attached to the Reimbursement Voucher and sent to the approving office for review and payment. Original receipts must support the Travel Reimbursement Voucher.
- 3.2 When an original receipt cannot be obtained, an Affidavit for Lost Receipts must be completed and submitted with the Travel Reimbursement Voucher
- 3.3 Reimbursement without receipts is limited to 50% of allowable amount.
- 3.4 Obtain the Travel Reimbursement Voucher located on the bottom half of the Travel Form (you should have a copy of the original signed and approved Travel Form returned to you by Purchasing). Fill out entire section, sign and submit to approving office for review and payment. If additional space is required, make another copy of the approved Travel Reimbursement Voucher form and submit with original receipts.

## NEW MEXICO MILEAGE CHART

TABLE OF DISTANCES	A L A M O G O R D O	A L B U Q U E R Q U E	A R T E S I A	C A R L S B A D	C L A Y T O N	C L O V I S	D E M I N G	F A R M I N G T O N	G A L L U P	H O B B S	L A S C R U C E S	L A S V E G A S	L O R D S B U R G	L O S A L A M O S	P O R T A L E S	R A T O N	R O S W E L L	S A N T A F E	S A N T A R O S A	S I L V E R C I T Y	S O C O R R O	T A O S
Alamogordo	000	207	110	146	346	227	127	389	327	187	68	239	187	255	208	345	117	221	176	180	134	291
Albuquerque	207	0	239	275	273	219	233	182	138	315	223	123	282	93	227	224	199	59	114	238	77	129
Artesia	110	239	---	36	311	150	237	421	377	77	178	232	297	266	131	338	40	232	169	290	205	302
Aztec	384	177	416	452	371	396	410	14	136	492	400	258	444	188	404	304	376	194	291	408	254	209
Belen	177	34	246	282	307	227	199	216	150	322	189	157	248	127	235	258	206	93	148	204	43	163
Bernalillo	222	15	254	290	259	234	248	166	153	330	238	109	297	79	242	210	214	45	129	253	92	115
Carlsbad	146	275	36	---	346	178	267	457	413	69	298	268	327	302	159	374	76	268	205	320	214	338
Camrizzo	58	149	129	165	288	197	185	331	269	205	126	181	245	197	180	287	89	163	118	217	76	233
Chama	327	165	338	374	283	319	398	113	235	414	388	170	447	100	327	216	298	106	213	403	242	121
Cimaron	331	183	324	360	108	220	416	268	321	348	399	92	465	120	239	41	284	124	155	421	260	54
Clayton	346	273	311	346	---	168	473	376	411	296	414	150	533	228	187	83	271	214	170	500	339	162
Cloudcroft	19	220	91	127	359	226	146	402	340	168	87	252	206	268	207	358	116	234	189	199	147	304
Clovis	227	219	150	178	168	---	354	401	357	128	295	168	414	246	19	234	110	212	105	407	248	246
Deming	127	233	237	267	473	354	---	415	325	314	59	356	60	326	335	457	244	292	303	53	156	362
El Paso TX	86	266	196	164	432	313	102	448	382	233	44	325	162	341	294	431	203	307	262	155	189	377
Espanola	246	84	257	293	209	237	317	174	222	333	307	89	366	19	245	142	217	25	132	322	161	47
Estancia	153	54	201	237	262	182	244	236	192	277	221	112	293	102	190	218	161	68	94	249	88	138
Farmington	389	182	421	457	376	401	415	---	122	497	405	263	430	193	409	309	381	199	296	394	259	214
Ft. Sumner	195	159	124	160	193	60	322	341	297	177	263	108	382	186	68	214	84	152	45	349	188	186
Gallup	327	138	377	413	411	357	325	122	---	453	339	261	308	231	365	362	337	197	252	272	193	267
Grants	267	78	317	353	351	297	289	182	60	393	279	201	338	171	305	302	277	137	192	294	133	207
Hagerman	129	223	19	55	295	134	256	405	361	92	197	216	316	250	115	322	24	216	153	309	189	286
Hatch	101	186	211	245	448	328	47	368	403	288	37	309	107	279	309	410	218	245	277	98	109	315
Hobbs	187	315	77	69	296	128	314	497	453	---	255	285	374	342	109	362	116	308	222	367	281	363
Hurley	165	235	275	305	497	392	38	409	287	352	97	358	59	328	373	459	282	294	327	15	158	364
Las Cruces	68	223	178	208	414	295	59	405	339	255	---	343	119	316	276	416	185	282	244	112	146	352
Las Vegas	239	12	232	268	150	168	256	263	261	285	343	---	405	98	176	106	192	64	63	361	200	78
Lordsburg	187	282	297	327	533	414	60	430	308	374	119	405	---	375	395	506	304	341	363	44	205	411
Los Alamos	255	93	266	302	228	246	326	193	231	342	316	98	375	---	254	161	226	34	141	331	170	66
Los Lunas	187	24	256	292	297	237	209	206	140	332	199	147	258	117	245	248	216	83	138	214	53	153
Lovington	175	293	65	72	274	106	302	475	431	22	243	263	362	320	87	340	94	286	200	355	259	341
Magdalena	161	104	232	268	366	275	183	286	220	208	173	227	232	197	283	328	192	163	196	188	27	233
Mora	269	153	262	298	180	198	386	239	291	315	337	30	435	91	206	136	222	94	93	391	230	48
Mountainair	154	78	202	238	274	183	221	260	194	278	211	135	270	125	191	241	162	91	104	226	65	161
Portales	208	227	131	159	187	19	335	409	365	109	276	176	395	254	---	253	91	220	113	388	256	254
Raton	345	224	338	374	83	234	457	309	362	362	413	106	506	161	253	---	298	165	169	462	301	95
Red River	327	165	338	374	148	260	398	250	303	388	388	114	447	102	279	81	298	106	177	403	242	36
Reserve	263	206	334	370	468	377	152	309	187	410	211	329	143	299	385	430	294	265	298	99	129	335
Roswell	117	199	40	76	271	110	244	381	337	116	185	192	304	226	91	298	---	192	129	297	165	262
Roy	315	199	292	328	89	149	432	339	337	277	383	76	481	174	168	85	252	140	139	437	276	125
Ruidoso	46	191	111	147	330	181	173	373	311	187	114	223	233	239	162	329	71	205	160	226	118	275
Santa Fe	221	59	232	268	214	212	292	199	197	308	282	64	341	34	220	165	192	---	107	297	136	70
Santa Rosa	176	114	169	205	170	105	303	296	252	222	244	63	363	141	113	169	129	107	--	330	169	141
Silver City	180	238	290	320	500	407	53	394	272	367	112	361	44	331	388	462	297	297	330	---	161	367
Socorro	134	77	205	241	339	248	156	259	193	281	146	200	205	170	256	301	165	136	169	161	---	206
Springer	306	190	299	335	83	195	423	293	328	323	374	67	472	145	214	39	259	131	130	428	267	79
Taos	291	129	302	338	162	246	362	214	267	363	352	78	411	66	254	95	262	70	141	367	206	---
Tierra Amarilla	312	150	323	359	268	303	383	124	246	399	373	155	432	85	311	201	283	91	198	388	227	106
Truth or Cons	137	149	247	282	411	320	85	331	265	324	75	272	134	242	308	373	217	208	241	90	72	278
Tucumcari	235	173	200	236	111	83	362	355	311	200	303	106	422	200	91	177	160	166	59	389	228	184
Tularosa	13	194	117	153	333	214	140	376	314	194	81	226	200	242	195	332	104	208	163	193	121	278
Vaughn	139	104	135	171	207	116	256	286	242	211	207	100	326	131	124	206	95	97	37	293	132	167







# TRAVEL & PDP AUTHORIZATION REQUEST FORM (on blue paper)

REVISED JULY 2014-15

Attach Pre Activity Form, all required documents, and submit to Finance/Administration after signatures acquired

Name & Home Address <b>1</b>	Department <b>2</b>	Name of Conference, school & City, State <b>3</b>	Contact Number <b>4</b>
Departure Date & Hour <b>5</b>		Return Date & Hour <b>6</b>	Total Days and Hours <b>7</b>
Meeting Dates <b>8</b>		Are Outside Funds, Resources being used? Provide Detail <b>9</b>	Actual <b>10</b> / Per Diem <b>11</b>
LCC Vehicle <b>12</b> Submit Vehicle Form to Motor Pool		Private Vehicle 1/2 Reimbursement	LCC Vehicle Denied (Attach copy of denial form)

**18** Mileage \_\_\_\_\_ x **.40**  
Distance \_\_\_\_\_ (Use mileage chart)

**Requests for Out-of-State and/or Actuals must also be approved by the President**

Attach copies of brochures, schedules, agendas, flight itinerary, hotel confirmation if Hotel advance is required, and any other pertinent information .

Estimated Cost of Trip	Amount	Line Item (CODES)	Payee, Address, City, State, Zip and phone number
Htoelt	<b>13</b>		
Registration ( or Tuition)	<b>14</b>		
Travel (Airfare, etc)	<b>15</b>		
Parking	<b>16</b>		
Perdiem or Actuals (Meals etc)	<b>17</b>		
Mileage	<b>18</b>		
Books	<b>19</b>		
Other (Shuttle, transportation)	<b>20</b>		
<b>Total Cost of Trip</b>	<b>21</b>		

PDP Committee Approved / Denied

I certify that this travel is in accordance with authorized school business and this form is correct to my knowledge. I understand that receipts are required for all expenses except straight per-diem.

Employee Signature _____	Date _____	Employee ID# _____	Finance & Admin Use - Received
Vice President - Academics _____	Date _____	Supervisor (other than employee) _____	Date _____
Vice President Finance & Administration _____	Date _____	President (Actual, Out of State, 1+Traveler) _____	Date _____

➔ USE SECTION BELOW FOR REIMBURSEMENT OF APPROVED EXPENSES UPON RETURN

	<b>22</b>	<b>TRAVEL REIMBURSEMENT VOUCHER</b>	Please remember to attach original receipts		
DATE					
Breakfast					
Lunch					
Dinner					
Other					
Tips					
Tax/shuttle					
Parking / Mileage					
<b>TOTALS</b>					
<b>TOTAL Expenses</b>					

I certify that this accounting is just and true to the best of my knowledge.

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

Vice President Finance & Admin \_\_\_\_\_ Date \_\_\_\_\_

**STAMPS and NOTES**

Pursuant to the provisions of Section 10-8 NMSA 1978, as amended  
and board approved policies and procedures 05/07

**INSTRUCTIONS:**

The travel request form must be properly filled out, approved as necessary submitted to approving office at least ten (10) days prior to the trip or deadlines. The approving office will verify the amounts and when deemed necessary, make appropriate adjustments. The Purchasing Office will prepare a purchase order for processing payments as requested. Refer to Travel Policy and Procedures for details.

**PER DIEM RATES:**

**Includes Hotel and Meals**

<b>A.</b>	<u>Partial Day</u>	This schedule is also used for partial days after overnight travel. For less than 2 hours beyond the normal work day (normal day = 9 hours) For 2 hours but less than 6 hours beyond the normal work day For 6 hours but less than 12 hours beyond the normal work day For 12 or more hours beyond the normal work day	None 12.00 20.00 30.00
<b>B.</b>	<u>In-State Overnight Travel</u>	Per 24 hour day	85.00
<b>C.</b>	<u>In-State Special Cities Overnight Travel (Santa Fe Only)</u>	Per 24 hour day	135.00
<b>D.</b>	<u>Out-of-State Overnight Travel</u>	Per 24 hour day	115.00
<b>E.</b>	<u>Out-of-State Overnight Travel Special Cities: Chicago, Los Angeles, Washington DC., San Francisco, Palm Springs, San Diego, Atlanta, Boston, Las Vegas, Atlantic City, Philadelphia, Dallas/Fort Worth, New York City and out of the country.</u>	Per 24 hour day	215.00

**ACTUAL RATES:**

LCC Pays Hotel rate - Meals are paid by traveler and reimbursed by LCC according to rates below

<b>F.</b>	<u>Overnight Meal Rates In-State Travel (LCC paying actual for hotel)</u>	Full Day	30.00
<b>G.</b>	<u>Overnight Meal Rates Out-of-State Travel (LCC paying actual for hotel)</u>	Full Day	45.00

**OTHER EXPENSES:**

- H.** Upon prior written approval from the LCC's President, an employee may be reimbursed as follows:  
Reimbursement for actual expenses for lodging not to exceed the single occupancy charge, exclusive of taxes, in lieu of the per diem rate set forth above - receipts required. For advance on lodging a confirmation is required.
- I.** Employees may be reimbursed for certain actual expenses in addition to per diem rates as follows:  
Without receipts up to \$6.00 per day not to exceed \$30.00 per trip for:  
Taxi or other fares  
Gratuities up to 15%  
Parking Fees  
Receipts required for:  
Taxi, gratuities and parking fees exceeding the above limits  
Costs for travel by common carriers, accomplished in the most economical manner.  
Rental cars or charter aircraft when necessary  
Registration fees  
Professional fees or dues deemed beneficial to LCC's operation or mission

**INSTRUCTIONS:** Fill out form in detail, attach additional pages as necessary. Submit completed form with Travel & PDP Authorization Request to Finance & Administration.

**NAME:** \_\_\_\_\_ **ACTIVITY TITLE:** \_\_\_\_\_

**ACTIVITY DESCRIPTION**

1. List the sessions, workshops and course title you will attend.
  
2. How are these activities going to help you achieve your professional/occupational goals? Be specific.
  
3. How will the knowledge gained serve your department/office and fit in with its priorities?
  
4. How will the knowledge gained fit in with the Luna Community College mission?
  
5. How will knowledge gained be shared with LCC?

**APPROVALS**

Signature of Supervisor/Director indicates that this activity is appropriate, release time is available, and the activity is in line with the statements listed above and with the mission statement of LCC.

Signature of Requestor: \_\_\_\_\_ Date

Supervisor: \_\_\_\_\_ Date

Vice-President Finance & Administration: \_\_\_\_\_ Date

# POST ACTIVITY FORM 2014-15

**INSTRUCTIONS:** Fill out form in detail and attach the following:

- Copy of **PURCHASE ORDER**
- Completed bottom section of a copy of your Travel Authorization Request form (Reimbursement Voucher) which has all approving signatures
- Verification of completion, grades, receipts, and any other pertinent documents for reimbursement

**NAME:** \_\_\_\_\_

**ACTIVITY TITLE:** \_\_\_\_\_

**ACTIVITY INFORMATION DISSEMINATION TO LCC:**

1. Attach copies of minutes of your presentation (*which you conducted within your department after returning from activity*) to include:

- Date and time you held presentation
- Names of LCC attendees at **your** presentation
- Highlights of information/material you shared with your fellow LCC co-workers, staff or faculty
- Location of materials for reference

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

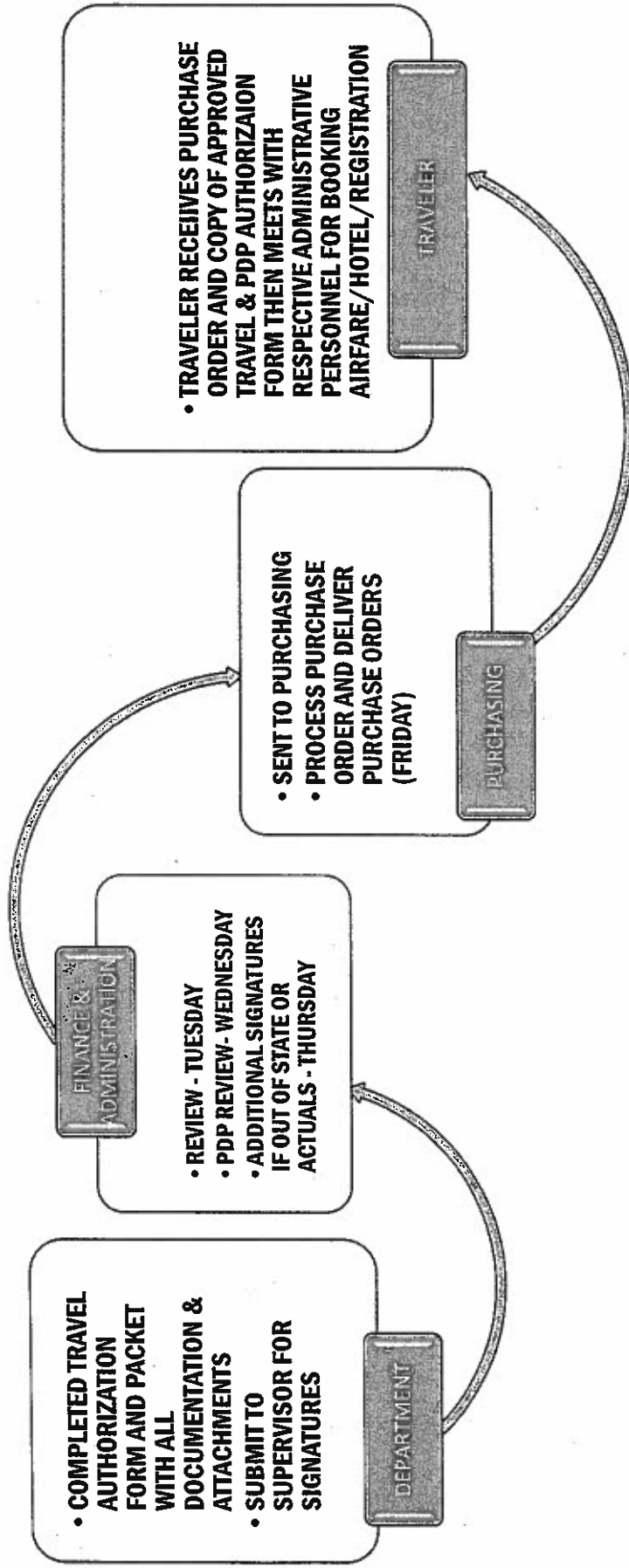
**SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_

**VICE-PRESIDENT** \_\_\_\_\_ **DATE** \_\_\_\_\_  
**FINANCE & ADMINISTRATION**

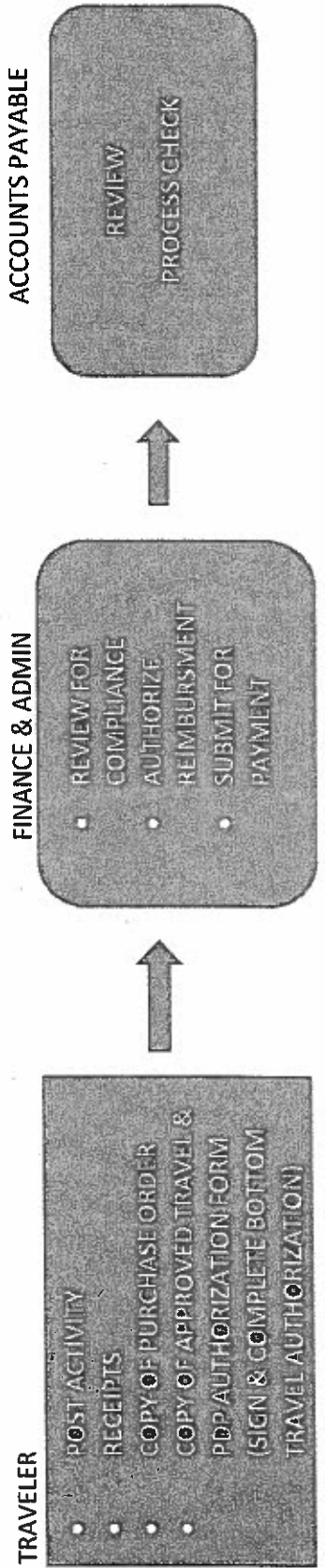
<b>Finance &amp; Administration</b>
PO # _____
Total DUE:
\$ _____
Signature _____

# TRAVEL PROCESS CHART

## BEFORE TRAVEL



## UPON RETURN







## PROFESSIONAL DEVELOPMENT PROGRAM

### **PURPOSE**

Luna Community College (LCC) offers professional development opportunities for Regular Full-time employees. Whether you want to sharpen the skills you have or meet on-the-job requirements, thereby improving efficacy as employees of the College and ultimately the ability of the College to effectively perform its mission, the PDP can help you meet your goals.

### **MISSION**

The mission for PDP is to create professional development pathways for college employees that support the strategic mission of LCC and contribute in meaningful ways to college personnel's departmental needs and specific job enrichment.

### **PROCEDURES**

#### **I. REQUIREMENTS**

1. Must be a **Regular Full-time** employee of Luna Community College
2. PDP Request must be directly related to the job at LCC
3. Funding must be available
4. Work release time must be pre-approved by the supervisor and documented in the Pre-Activity form. Time off may not exceed 5 hours a week. Three ½- hour increments of the 5(five) allowed hours may be used for Health & Fitness at LCC Wellness Center
5. PDP Requests must be turned in prior to incurring any expenses and turned in on Monday for a Friday Purchase Order
6. All requests require completion of the **Travel or PDP Authorization Request Form (TAF)**, Pre-Activity form and all necessary documentation (refer to Travel Policy and Procedure). At completion of activity, a Post-Activity form with all documentation must be submitted for reimbursement with the completed Travel Reimbursement Voucher located at the bottom of your copy of the **Travel or PDP Authorization Request Form**.
7. Additional forms are required for Tuition waiver, please visit with LCC's Human Resource department for guidance

#### **II. FUNDING**

1. If PDP request is tied directly to an LCC need i.e., licensure, certification and such, the cost may be prepaid.
2. If PDP request is employee initiated (optional), the cost will be reimbursed based upon successful completion i.e.; certificate of completion and/or grade of C or better.
3. When incurring an LCC Bookstore charge, a voluntary LCC Payroll Deduction Form must be pre-signed in the event employee becomes responsible for the purchase.
4. PDP will only cover out of pocket expenses after all other sources have been applied i.e.; Pell Grant, Scholarships, waivers, etc. All sources of aid posted to account will be considered as aid towards your expenses and only expenses exceeding the aid will be considered for PDP reimbursement.

#### **III. APPROVAL PROCESS**

1. Employee will complete Travel or PDP Authorization Request Form and Pre-Activity Form and submit to Finance & Administration prior to travel, registration, or procurement of books along with all supporting documents i.e.; student schedule, etc.
2. After initial review for completion, it will be forwarded to the PDP committee for review and approval. At this time, the PDP committee may call upon requester for additional information.
3. After PDP committee approval, it is forwarded to the President for approval if applicable.
4. After final approval, a Purchase order will be processed and sent to requestor. If denied, the request will be sent back to requester.
5. Requester will present purchase order to Bookstore or Vendor before incurring any expenses therefore pre-planning is necessary.
6. Post-Activity form and other supporting documentation must be completed and turned in no later than 3 weeks after completion. Payroll Deduction will occur if grades and Post-Activity form are not submitted for purchase of books at LCC Bookstore.
7. Abuse of the PDP or failure to comply with the procedures, may result in loss of PDP privileges.

Reimbursement in accordance with NM Mileage and Per-diem Act  
NMSA, 10-8, 1978 and LCC's Board Approved Policy and Procedure.



## Employee Registration Card

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LCC ID#: \_\_\_\_\_

Department of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Semester:    Fall 20 \_\_\_\_\_                  Spring 20 \_\_\_\_\_                  Summer 20 \_\_\_\_\_

**NOTE:** Per LCC policy, regular full-time / part-time permanent employees are allowed a maximum of 5 / 2.5 hours per week respectively, to attend class during working hours. When taking a course, consideration should be given to the continuing efficient operation of one's job and departmental needs during scheduled work hours.

**Requested Course(s):**

Course #	Section #	Course Title	Days	Time

In addition to the above course(s), will you be enrolling in courses at another college or university?  Yes  No  
 ....if yes, will you be attending during your regular working hours?  Yes  No

Number of hours per week you will be taking leave from work to attend classes: \_\_\_\_\_ hours per week (12.5.5.1)

Will you be Auditing the course(s) listed above?  Yes  No ....if yes, submit Audit Request to LCC Registrar.

How is (are) these course(s) related to your work (12.5.5.2): \_\_\_\_\_

### Employee Certification / Authorization

By my signature below, I authorize the Office of the Registrar to enroll me in the above course(s) and will abide by the Educational Leave policies established by the LCC Employee Handbook. I understand once I am registered I **must** present this approved document to the Fiscal Office for financial clearance to avoid disenrollment from my course(s).

\_\_\_\_\_  
 Employee Date

### Administrative Use Only

\_\_\_\_\_  
 Approved     Denied  Approved     Denied

\_\_\_\_\_  
 Supervisor Date Human Resources Director Date

#### Registrar Office Use Only

Registered by: \_\_\_\_\_  
 Date Registered: \_\_\_\_\_

#### Fiscal Office Use Only

Cleared by: \_\_\_\_\_  
 Date Cleared: \_\_\_\_\_





## Employee Educational Leave Request

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ LCC ID#: \_\_\_\_\_

Department of Employment: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Semester:    Fall 20 \_\_\_\_\_                  Spring 20 \_\_\_\_\_                  Summer 20 \_\_\_\_\_

**NOTE:** Per LCC policy, regular full-time / part-time permanent employees are allowed a maximum of 5 / 2.5 hours per week respectively, to attend class during working hours. When taking a course, consideration should be given to the continuing efficient operation of one's job and departmental needs during scheduled work hours.

**Requested Course(s):**

<u>Course #</u>	<u>Section #</u>	<u>Course Title</u>	<u>Days</u>	<u>Time</u>

In addition to the above course(s), will you be enrolling in courses at another college or university?  Yes  No

....if yes, will you be attending during your regular working hours?  Yes  No

Number of hours per week you will be taking leave from work to attend classes: \_\_\_\_\_ hours per week (12.5.5.1)

How is (are) these course(s) related to your work (12.5.5.2): \_\_\_\_\_

### Employee Certification

By my signature below, I will abide by the Educational Leave policies established by the LCC Employee Handbook.

\_\_\_\_\_  
Employee \_\_\_\_\_  
Date

### Administrative Use Only

Approved     Denied                                   Approved     Denied

\_\_\_\_\_  
Supervisor \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
Date Date Human Resources Director Date

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**Purpose: Method used to Increase, Decrease or Adjust Budget****Reasons to Increase**

1. You have additional revenue
2. Approved Additional Staff
3. Authorization from other department to transfer funds

**Reason to Decrease**

1. You have less revenue
2. Authorization from President or Vice President to transfer from other departments

**Reason to Adjust - Within approved budget**

1. Move Items charged/reported incorrectly
2. Move funds from one line item to another within budget (ie, 6400 to 6300)

**Steps to Complete BAR**

1. Determine need and budget availability
2. Complete Form
  - Document in detail the Justification of need to transfer
  - Obtain Supervisor, VP's signature
  - Obtain President's signature
  - Obtain Vice President of Finance & Administrations signature
3. VP will present for approval at Board of Trustees regular scheduled monthly meeting

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You will receive notification from Vice President of Finance & Administration as to deadline to submit final BAR's. All BAR's are combined and computed to form the College's BAR that is submitted to Higher Education Department by a specific date designated by HED. The final BAR is then used to develop the subsequent year's proposed budget.

For this reason it is imperative to monitor budget and departmental needs regularly.



By entering GL 61\*  
62\*  
63\*  
64\*  
65\*  
You will get all categories under that code as seen here 64\* is everything under Supplies and Materials etc.....

Click here for transaction details (3)

(1)  
Fund - 100  
GL - 6\*\*\*  
Func - Your Dept #  
Src - 2001 (usually)

GL	Act	Description	Act	Enc	Bgt	Unexp	Exp %
6400		Supplies & Materials	0	0	79,100	79,100	0
6412	1,436	Office Supplies Expen		2,978	0	-1,414	0
6413	2,000	Janitorial Supplies E		0	0	-2,000	0
6414	59,859	Maintenance Supplies		9,309	0	-69,168	0
6415	1,526	Fuel		0	0	-1,526	0
<b>Discretionary Totals</b>			64,821	12,288	79,100	1,991	97
<b>Budgetary Totals</b>			64,821	12,288	79,100	1,991	97

Act = Actual paid out by check  
Enc = Encumbrance PO processed awaiting order receipt or payment.  
Bgt = Amount budgeted

View balances by sub-totals (2)

- (1) In Budget Review enter default year.  
Enter your full department code (100-63\*-1091-2001) as prompted using 63\* rather than the full GL as the full GL will give you everything in that one (1) line.
- 63\* for Purchased Services
  - 64\* for Supplies
  - 65\* for Travel
  - 66\* for Equipment
- Categories**

- (2) The row identified as **Discretionary or Budgetary Totals** gives you:
- **Act**-amounts actually paid (check has been cut)
  - **Enc**- amount encumbered in Purchase Order status
  - **Bgt**-amount budgeted
  - **Unexp**- available budget unexpended which is **Bgt** minus both **Act** and **Enc**

- (3) To check the transaction details, move highlight to desired line and enter. Enter 'No' to exclude voided transactions when prompted. This allows you to see what is either paid out by Accounts Payable or encumbered depending which column you chose to highlight.

## **FINANCE & ADMINISTRATION**

**Vice-President for Finance & Administration  
Donna Flores-Medina**

**Executive Office Manager - Finance  
Evelyn Montoya**

### **FISCAL OFFICE STAFF**

**Francina Martinez, Controller  
Urszula Abeyta, Finance Specialist, Cashier  
Georgia Baca, Financial Analyst/Grants Manager  
Cathy Gonzales, Finance Specialist, Accounts Payable**



*"Always do right. This will gratify some people and astonish the rest."  
– Mark Twain*