



Airfare Equivalency Worksheet

Optional Airfare Equivalency Worksheet for Travelers electing to Drive

1. This form is to be included as part of the backup to a reimbursement voucher when employee elected to drive instead of flying to business travel destination. After completing this form with all receipts attach to a Travel Expense Report.
2. Section 1: Fill in all requestor information.
3. Section 2: Fill out both traveling options below. List the least expensive option under the other section of the Travel Expense Report.
4. Section 2: Fill in the amount allowed (lowest of two options).
5. Section 2: Add business travel purpose.
6. Section 3: Requestor approval
 - a. The payee signature certifies the statement above this section.



Airfare Equivalency Worksheet

AP
Phone 646-1189
Fax 646-1077

Direction: Fill out both traveling options below. List the least expensive option under the Other section of the Travel Expense Report. Please include this sheet and quotes with the Travel Expense Report.

SECTION 1: REQUESTOR INFORMATION

Traveler: _____ Dates of Travel: _____

Origin/Destination: _____

SECTION 2: REQUEST DETAILS

Airfare Equivalency Calculations:

| | |
|---|--------------|
| Cost of Airline Ticket as quoted: Expedia or similar site-Attach Quote (Minimum 2 weeks advance purchase) (quote should be obtained when trip is being planned if possible) | \$ _____ |
| Mileage to airport (2 round trips allowed) OR Airport parking (duration of trip) & trip to airport | \$ _____ |
| Destination city ground transportation: (Expedia or similar site - Attach quote) | \$ _____ |
| Total Airfare Equivalency | \$ _____ |

Actual Mileage Reimbursement Calculation

| | |
|---|-------------|
| Round Trip Miles: (Odometer or website such as Mapquest) | _____ miles |
| Multiplied by current mileage rate \$ _____ | \$ _____ |
| Total Mileage Calculation | \$ _____ |

**Amount Allowed
(lowest of two options)** \$ _____

Business Travel Purpose (BPM 5C.40.20.70 Driving Versus Flying)

SECTION 3: REQUESTOR APPROVAL CERTIFICATION

I certify that this claim is true, correct, just, and that the payment therefore has not been received from NMSU or any other source.

Employee Printed Name: _____ Signature: _____ Date: _____