DEPARTMENT OF NEW MEXICO
REIMBURSEMENT TRAVEL VOUCHER

POSITION TITLE:

PURPOSE OF TRAVEL:

Trip Start

BEGIN: *MILES*:

STOP: *DATE*:

Trip Return

BEGIN: MILES:

STOP: *DATE*:

I, hereby acknowledge and certify the travel expenses identified were incurred in discharging my duties as authorized by the State By-Laws or the State Commander.

Name **Signature** **Date Signed**

Address **Zip Code**

DEPARTMENT ONLY-LEAVE THE AREA BELOW BLANK

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*Total Miles Traveled @ .40 per Mile: $

**Total Nights Lodging @ $150.00 per Night: $

***** Hotel must include receipt for reimbursement***

Total Amount Due: $

Department Authorization **Signature** **Date Signed**

** Mileage will be computed at Department Headquarters on the basis of a current State Mileage Chart*
*** Fuel receipts are not required since the rates are pre-determined, unless circumstances outlined in the Department By-Laws, Article XIV, Section 8; may apply.*
**** Hotel receipts are required for payment. Reimbursement will be computed based on the actual hotel cost not to exceed $150.00 per night's stay.*

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EFFECTIVE OCTOBER 2019: THERE IS A 30 DAY DEADLINE TO SUBMIT TRAVEL VOUCHER (30 DAYS AFTER THE LAST DAY OF EVENT or MEETING)