



VETERANS OF FOREIGN WARS
DEPARTMENT OF NEW MEXICO



REIMBURSEMENT TRAVEL VOUCHER

(NAME)

(MAILING ADDRESS)

(ZIP CODE)

I, hereby certify the following travel expenses were incurred in discharging my duties as:

_____, as authorized by the State Commander
(TITLE)

BEGIN: _____

STOP: _____

PURPOSE: _____

DATE: _____

BEGIN: _____

STOP: _____

PURPOSE: _____

DATE: _____

*Total Miles Traveled @ .40 Per Mile: _____
(Leave Blank)

\$ _____
(Leave Blank)

**Total Nights Lodging @ \$150.00 per Night: _____
(Whichever is lower)
(Must include receipt for reimbursement)

\$ _____
(Leave Blank)

Total Amount Due: \$ _____
(Leave Blank)

Sign: _____

(Department Authorization)

Notes: **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.*

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