



VETERANS OF FOREIGN WARS
DEPARTMENT OF NEW MEXICO



REIMBURSEMENT TRAVEL VOUCHER

YOUR NAME _____ YOUR MAILING ADDRESS _____
(NAME) (ADDRESS) (ZIP CODE)

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

YOUR TITLE _____, as authorized by the State By-Laws or the State Commander.
(TITLE)

BEGIN: HOME TOWN _____ STOP: DESTINATION _____

PURPOSE: REASON FOR TRIP _____ DATE: DATE ARRIVED _____

BEGIN: LOCATION _____ STOP: USUALLY HOME TOWN _____

PURPOSE: RETURN TRIP _____ DATE: DATE ARRIVED _____

BEGIN: 2ND TRIP (IF NEEDED) _____ STOP: _____

PURPOSE: _____ DATE: _____

(LEAVE THE AREA BELOW BLANK)

*Total Miles Traveled @ .30 per Mile: _____ \$ _____
(Leave Blank) (Leave Blank)

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

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 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 stayed.