ISSUED BY		TMENT OF FINA ECTIVE JULY 1		NISTRATION		STATE OF NEW MEXICO ITEMIZED SCHEDULE OF TRAVEL EXPENSES		PAGE #	:				
AGENCY NAME								BUSINES UNIT	BUSINESS VOUCHER NUMBER				
SUPPLIER NAME					Vehicle License Plate	POST OF DUTY		_				PREPAID VOUCHER	
SUPPLIER ID					Vehicle Model & Year								
Board/Commission Attendance (select one):					Vehicle Type	RESIDENCE						FINAL VOUCHER	
Length of Board/Commission Meeting (select one):													
	DATE TIME: AM OR PM			NATURE OF EXPENSE			ODOMETER READINGS START AND FINISH NO	AMOUNTS (ENTER AMOUNTS IN BLUE COLUMN)					
ITEMIZED COSTS BY D	DEPARTURE	ARRIVAL	ENTER DE	ESTINATION AND NATURE OF OFF		LES	MILEAGE	PER DIEM OTHER TOTALS					
PER DIEM BASED ON (CHECK ONE)				Over \$215 ledging A	Over \$215 lodging Approval:								
ACTUAL			Over \$215 lodging Approval: (per night)			ADVANCE AMOUNT @ 80%							
APPROVED RATES					Agency He	ead Signature	ADJUSTED REIMBURSEMENT						
Check here if this claim is in compliance with the non-routine reassignment provisions of the DFA regulations governing the Per Diem and Mileage Act.							I,						
							DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS ACCURATE AND TRUE IN ALL RESPECTS AND COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT AND THAT NO OTHER EXPENSES WILL BE REQUESTED FOR THIS INDIVIDUAL TRAVEL.						
							PAYEE SIGN HERE					DATE	