

New Mexico Highlands University

PLEASE DO NOT WRITE ON OR STAMP THIS AREA
Entered: Ck#
Amount:
APPROVAL #

VOUCHER

Date _____ Banner ID @ (required) _____
Name (Print or Type) _____ Mail Check _____ or Pick Up _____
Address (if mailed) _____ City, State, Zip _____
FOAPAL _____ FOAPAL _____
If more than one please put amount next to each FOAPAL
Explanation _____
Destination From: _____ To: _____
Date(s) of Travel _____ Personal Vehicle _____ University Vehicle _____
Departure Time (AM or PM): _____ Arrival Time (AM or PM): _____
Odometer Reading (or attach Yahoo or Rand print out) Start: _____ Finish: _____
(Enter odometer reading only when using personal vehicle.)
Form prepared by: _____ Ext: _____

I, _____ do solemnly swear that the itemized statements within are just and true
PRINT Name
in all respects. _____
Traveler Signature Date

FOR TRAVEL ADVANCES ONLY

If I do not file the Reimbursement Travel Voucher within 10 working days of my return, I hereby authorize the necessary deductions from my payroll checks to repay this travel advance to NMHU.

Traveler Signature Date

USE THIS AREA TO LIST MULTIPLE TRAVELS FOR BLANKET TRAVEL REQUEST

If total amount claimed on Voucher exceeds 10% or \$25, whichever is more, of the total listed on the Travel Request, approval by Supervisor and Controller or VP is necessary.

Brief explanation: _____

Supervisor PRINT Name Supervisor Signature Date

Controller or VP PRINT Name Controller or VP Signature Date

ITEMIZED EXPENSES

Personal vehicle mileage reimbursement	_____	Miles x	_____
Per Diem (Includes Lodging and Meals):			
In-State Per Diem/Regular areas	_____	Days x	_____
In-State Per Diem/Special areas (Santa Fe)*	_____	Days x	_____
Out-of State Per Diem/Regular areas	_____	Days x	_____
Out-of-State Per Diem/Special areas*	_____	Days x	_____

*For all employees, the only in-state, special area shall be Santa Fe. Out-of-State Special areas shall be the metropolitan areas of New York City, Washington, D.C., Los Angeles, San Francisco, Palm Springs, San Diego, Atlanta, Boston, Las Vegas, Atlantic City, Philadelphia, Dallas/Ft. Worth, and outside the continental United States.

Actual Expense Travel Requests:

Actual expense in Regular and Special areas for lodging and meals may be claimed. For Regular or Special areas, the maximum for meals is \$30.00 per day in-state and \$45.00 per day out-of state and must be supported by applicable, **original itemized** receipts. Liquor or tobacco are **NOT** acceptable. If lodging is paid by the University, you are automatically on Actual Expenses and should submit original itemized meal receipts.

Actual Lodging and Meal Expenses, Plus a Scheduled Meal Reimbursement

Reimbursement for actual lodging and meal expenses, in lieu of the standard per diem, is authorized pending available funding. This method is allowed for both domestic and international travel. Actual lodging and meal expenses will be reimbursed when supported by applicable, **original itemized** receipts. The standard meal reimbursement per diem rate is \$30.00 in-state and \$45.00 out-of-state for each full 24 hour period.

Standard Per Diem Rates

Allowable when travel extends beyond a 24-hour travel day:

For less than 2 hrs beyond the last 24-hour cycle - none			
For between 2 hrs, but less than 6 hrs beyond the last 24-hour cycle - \$10.00	_____	hours	\$ _____
For between 6 hrs, but less than 12 hrs beyond the last 24-hour cycle - \$20.00	_____	hours	\$ _____
For between 12 hrs, but less than 24 hrs beyond the last 24-hour cycle - \$30.00	_____	hours	\$ _____

Partial Per Diem:

Allowable when travel extends beyond a normal 9-hour workday and lodging is not required:

For less than 2 hrs beyond the 9-hour work period - none			
For between 2 hrs, but less than 6 hrs beyond the 9-hour work period - \$10.00	_____	hours	\$ _____
For between 6 hrs, but less than 12 hrs beyond the 9-hour work period - \$20.00	_____	hours	\$ _____
For between 12 hrs, but less than 24 hrs beyond the 9-hour work period - \$30.00	_____	hours	\$ _____

Expenses – ITEMIZE (Must provide ORIGINAL receipts.) Do not list if previously paid by Check Request.

Mileage (Personal Auto Only)	_____
Per Diem	_____
Lodging	_____
Parking	_____
Registration	_____
Taxi, bus, shuttle	_____
Vehicle Rental	_____
Gasoline	_____
Tips	_____
Airfare	_____
Other _____	_____
Total Trip Cost	_____
Less Total Advance (if applicable)	_____
TOTAL REIMBURSEMENT DUE	_____

NOTE: If form is not complete, or if something is missing, it will be returned to the Department.