

Office Use Only:

PAID BY CHECK # \_\_\_\_\_ DATE \_\_\_\_\_

### NEW MEXICO ANNUAL CONFERENCE EXPENSE VOUCHER

**PAYABLE TO:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_

ACCOUNT/COMMITTEE NAME \_\_\_\_\_

DATE(S) OF EXPENSE \_\_\_\_\_

Please note: Except for mileage, all requests for reimbursement must be accompanied by original receipts for all expenses occurred.

TRAVEL: Auto \_\_\_\_\_ miles @ 43.5¢, 1 person..... \$ \_\_\_\_\_

\_\_\_\_\_ miles @ 48.5¢, 2 or more .....\$ \_\_\_\_\_

Airfare, bus or rental.....\$ \_\_\_\_\_

Parking, taxi, gasoline, tolls, etc.....\$ \_\_\_\_\_

MEALS: No. of meals \_\_\_\_\_

Cost \$ = .....\$ \_\_\_\_\_

Not to exceed \$10.00/meal or a total of \$30.00/day

LODGING: \_\_\_\_\_ day(s) @ \$ \_\_\_\_\_ /day.....\$ \_\_\_\_\_

**OTHER EXPENSES:**

Honorarium: (SSN/EIN \_\_\_\_\_) .....\$ \_\_\_\_\_

Invoice: (# \_\_\_\_\_) .....\$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL EXPENSES CLAIMED \$ \_\_\_\_\_**

**AUTHORIZED BY:**

\_\_\_\_\_

DATE \_\_\_\_\_