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 @ 45.6¢, 1 person..... $_____

_____ miles @ 50.6¢, 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 _____

Updated 7/1/2026