|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Agency  Name | **STATE OF NEW MEXICO**  **ITEMIZED SCHEDULE**  **OF TRAVEL EXPENSES** |  |  |  |
| PAGE | DATE |
| AGENCY  CODE | VOUCHER  NUMBER |
|  |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | | | | | Car License Number | Post of Duty | | | | | Proposed  (Advance  Voucher) | |  |
| state employer vendor number | | | | | Model |  | | | | |  | |  |
|  | | | | |  | Residence | | | | | Actual  (Recoupment  Voucher) | |  |
| Normal Work Day | | | | | Year |  | | | | |  | |  |
| Date | Time: Show AM or PM | | | | Character of Expenditures | Odometer Readings | | Amounts | | | | | |
|  | Departure | | Arrival | | Enter destination, nature of official  business, party contacted and miscellaneous | Enter start  & finish | No. of Miles | Mileage | Per Diem | Miscellaneous | | Totals | |
|  |  | |  | |  |  |  |  |  |  | |  | |
| Per diem is based on (check one)  Actual  Approved Rates | |  | |  | | Totals |  |  |  |  | |  | |
|  | |  | |  | | Advance Amount  @ 80% |  |  |  |  | |  | |
|  | |  | |  | | Adjusted Reimbursement |  |  |  |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
|  | Check here if this claim is in compliance with the Nonroutine Reassignment provisions of the DFA Regulations Governing the Per Diem and Mileage Act. |  | I,  do solemnly swear that the above claim for reimbursement is just and true in all respects and complies with the DFA Regulations Governing the Per Diem and Mileage Act.  Payee Sign Here Date |

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