

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 ENTER DESTINATION, NATURE OF OFFICIAL BUSINESS, PARTY CONTACTED AND MISCELLANEOUS	ODOMETER READINGS		AMOUNTS			
	DEPARTURE	ARRIVAL		ENTER START & FINISH	NO. OF MILES	MILEAGE	PER DIEM	MISCELLANEOUS	TOTALS
				TOTALS					
PER DIEM IS BASED ON (CHECK ONE)						ADVANCE AMOUNT @ 80%			
ACTUAL <input type="checkbox"/>						ADJUSTED REIMBURSEMENT			
APPROVED RATES <input type="checkbox"/>									

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 \_\_\_\_\_