| ISSUED BY THE DEPARTMENT OF FINANCE & ADMINISTRATION EFFECTIVE JULY 1, 2021 | | | | | STATE OF NEW MEXICO ITEMIZED SCHEDULE | | | | PAGE # | | | - | | | | | |
|--|----------------|-----------|--------------------------------------|---------------|--|------------------|---|-------------------------|-------------|------------------|----------------------------------|-------------------|---------|---|-------|---|-------|
| AGENCY NAME | | | | | OF TRAVEL EXP | | | | | BUSINESS UNIT | | VOUCHER NUMBER | | | | | |
| SUPPLIER NAME | | | | | Vehicle License Plate | | POST OF DUTY | PREPAID VOUCHER | | | | | | | | | |
| SUPPLIER ID | | | Vehicle Model & Year Vehicle Type | | RESIDENCE | | | | | | | | | | | | |
| Board/Commission Attendance (select one): | | | | | | FINAL VOUCHER | | | | | | | | | | | |
| Length of Board/Commissio | on Meeting (se | | Not Applicable | State Vehicle | | | | | | | | | | | | | |
| DATE TIME: AM OR PM | | | | NATURE OF I | | | | | | | AMOUNTS (ENTER AMOUNTS IN BLUE (| | | | | | |
| ITEMIZED COSTS BY DAY | | DEPARTURE | ARRIVAL ENTE | ER DESTIN | ATION AND NAT | JRE OF OFFIC | IAL BUSINESS | START AND FINISH | NO OF MILES | N | IILEAGE | Pf | ER DIEM | (| DTHER | T | OTALS |
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| PER DIEM BASED ON (CHECK ONE) Over \$215 lodging Approval (per night): | | | | | | | TOTALS | - | | - | | - | | - | | - | |
| ACTUAL | | | | | | | | ADVANCE AMOUNT @ 80% | | | | | | | | | - |
| APPROVED RATES Agency Head Signature | | | | | | d Signature | ADJUSTED REIMBURSEMENT | |] | - |] | - |] | - | | - | |
| | | | | | | | I, (travelers name) 0 | | | | | | | | | | |
| | | | | | | | DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS ACCURATE AND TRUE IN ALL RESPECTS AND COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT AND THAT NO OTHER EXPENSES WILL BE REQUESTED FOR THIS INDIVIDUAL TRAVEL. | | | | | | | | | | |
| | | | | | | | PAYEE SIGN HERE DATE | | | | | | | | | | |