

APPENDIX A-3

NMSI BUSINESS TRAVEL REIMBURSEMENT FORM

NAME: _____

ADDRESS: _____

PHONE: _____

PURPOSE OF TRAVEL: _____

TRAVEL DATES: _____

Fill in Reimbursement Request below. Write Ref# on receipt. List each meal separately, include date.

<u>Ref#</u>	<u>Description</u>	<u>Amount Claimed</u>
1	Commercial travel Air/Train/Bus	_____
2	Personal Auto Travel _____miles @ \$.30/mile	_____
3	Lodging from _____ to _____	_____
4	_____	_____
5	_____	_____
6	_____	_____
7	_____	_____
8	_____	_____
9	_____	_____
10	_____	_____
XXX Carry over amount from attached sheet(s) if required		_____

TOTAL REQUESTED: \$ _____

Required Attachments: Copy of all receipts.

SUBMIT TO NMS TREASURER WITHIN THIRTY (30) DAYS AFTER TRAVEL HAS OCCURRED. NMSI will reimburse persons for travel, lodging, and food expenses incurred traveling on approved official NMSI business. In the amount allowed by the "New Mexico Swimming Rules and Regulations Manual Section 16.0."

I certify the above requested amounts are valid costs incurred traveling for NMSI related business, and are not being reimbursed from any other source.

Date: _____

Signature of Traveler: _____

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NAME: _____

TRAVEL DATES: _____

<u>Ref#</u>	<u>Description</u>	<u>Amount Claimed</u>
11	_____	_____
12	_____	_____
13	_____	_____
14	_____	_____
15	_____	_____
16	_____	_____
17	_____	_____
18	_____	_____
19	_____	_____
20	_____	_____
21	_____	_____
22	_____	_____
23	_____	_____
24	_____	_____
25	_____	_____
26	_____	_____
27	_____	_____
28	_____	_____
29	_____	_____
30	_____	_____

TOTAL THIS PAGE: \$_____

Write this amount in space provided on page one