ISSUED BY THE DEPARTMENT OF FINANCE & ADMINISTRATION EFFECTIVE JULY 1, 2025				STATE OF NEW MEXICO ITEMIZED SCHEDULE			PA	GE #			
AGENCY NAME					OF TRAVEL EXPE			INESS NIT	VOUCHER NUMBER		
SUPPLIER NAME				Vehicle License Plate	POST OF DUTY					PREPAID VOUCHER	
SUPPLIER ID				Vehicle Model & Year							
Board/Commission Attendance (select one):				Vehicle Type	RESIDENCE	FINAL VOUCHER					
Length of Board/Commission Meeting (select one): DATE TIME: AM OR PM				NATURE OF EXPENSE		ODOMETER READINGS			AMOUNTS (ENTER AM	/OUNTS IN BLUE COLUMN)	
ITEMIZED COSTS BY DAY				ITER DESTINATION AND NATURE OF OFFICIAL BUSINESS		START AND FINISH	NO OF	MILEAGE PER DIEM OTHER TOTALS			
							MILES				
PER DIEM BASED ON (CHECK ONE) ACTUAL			Over \$350 lodging Approval:(per night)			TOTALS					
				ADVANCE AMOUNT @ 80%							
APPROVED RATES				Agency Hea	ad Signature	ADJUSTED REIMBURSEMENT					
Check here if this claim is in compliance with the non-routine reassignment provisions of the DFA regulations governing the Per Diem and Mileage Act.											
						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	