

Document # _____

New Mexico State University
Accounts Payable
Reimbursement Voucher
 For Travel and Other Expenses

Are you using sponsored awards or gifts on this form?
Yes route MSC SPA
No route MSC AFR

Banner ID _____

Payee _____ Department _____ Date _____

Address or Phone No. _____ Prepared by _____ Phone _____

STATEMENT OF PER DIEM FOR 12:00 INDICATE "NOON" OR "MID"									
DESTINATION	DATE	TIME OF DEPARTURE	DATE	TIME OF RETURN	DAYS	@RATE PER DAY	DAYS TOTAL	HOURS	AMT FOR HOURS

STATEMENT OF TRANSPORTATION USE ODOMETER READINGS IF NOT USING OFFICIAL MILEAGE					
DEPARTURE DATE	ODOMETER READINGS		NET MILEAGE	ORIGIN/DESTINATION	AIRLINE(TICKET ATTACHED) CHARGED NMSU PAID BY EMPLOYEE VEHICLE TYPE OFFICIAL VEHICLE RENTAL CAR PRIVATE VEHICLE OTHER (SPECIFY)
	BEGINNING	ENDING			

TOTAL OFFICIAL ODOMETER MILEAGE @ _____ ¢ PER MILE

ITEM#	ITEMIZED STATEMENT OF OTHER EXPENSES (ATTACHED REQUIRED RECEIPTS)

I HEREBY CERTIFY THAT THE ABOVE TRAVEL HAS BEEN COMPLETED FOR THE STATED PURPOSE, THAT THE EXPENSES INCURRED WERE NECESSARY AND PROPER, THAT ALL ATTACHED RECEIPTS HAVE BEEN PAID IN FULL, THAT THE ABOVE ITEMIZED ACCOUNT IS JUST AND TRUE IN ALL RESPECTS AND THAT NO PART THEREOF HAS BEEN PAID BY NMSU. IF THIS IS A SUPPLEMENTAL VOUCHER, A COPY OF THE ORIGINAL VOUCHER IS ATTACHED. I FURTHER CERTIFY THAT NO PART HAS OR WILL BE PAID BY ANOTHER PARTY. PAYEE'S SIGNATURE _____ PAYEE'S TITLE _____	Less: Cash Advance (if any) Total for Reimbursement
	PURPOSE OF TRAVEL OR OTHER EXPENSE: _____ _____

I, OR WE, CERTIFY THAT THE SERVICES HAVE BEEN PERFORMED AND THE EXPENSES INCURRED AS STATED IN THE ABOVE ACCOUNT, THAT THEY WERE NECESSARY AND PROPER, THAT THIS VOUCHER HAS BEEN EXAMINED, THAT THE AMOUNT CLAIMED ARE JUST AND REASONABLE AND THAT NO PART THEREOF HAS BEEN PAID. IF THIS IS A SUPPLEMENTAL VOUCHER, A COPY OF THE ORIGINAL VOUCHER IS ATTACHED.

DEPARTMENT HEAD	DATE	DEAN OR DIRECTOR	DATE	FISCAL MONITOR	DATE

INSTRUCTIONS: USE THIS FORM FOR ALL "OTHER EXPENSES" AND TRAVEL PAYMENTS. (1) Complete all information on the Reimbursement Voucher (RMV). (2) Obtain Payee's signature and Banner ID number on original RMV. (3) Obtain Department Head and Dean or Director's signature on original RMV. (4) Original signatures are only required on the original RMV. (5) Retain one copy of the RMV and documentation for departmental files. (6) Send original RMV and original documentation along with TWO additional copies of the RMV to Account Payable, MSC 3AP. (7) ORIGINAL RMV AND DOCUMENTATION BECOME PART OF NMSU PERMANENT FILES.

FOR INTERNAL USE ONLY
PROCESSED BY _____ DATE _____

REIMBURSEMENT VOUCHER CONTINUATION SHEET

Banner ID _____

Payee _____ Department _____

Page _____ of _____ From _____ To _____

PER DIEM STATEMENT OR ITEMIZED STATEMENT OF OTHER EXPENSES

DATE	PLACE	ITEMIZED EXPENSES OR PER DIEM STATEMENT	AMOUNT
TOTAL PERSONAL EXPENSES			

ITEMIZED STATEMENT OF OFFICIAL MILEAGE

DATE	BEGINNING OFFICIAL READING	ENDING OFFICIAL READING	PERSONAL MILEAGE	OFFICIAL MILEAGE	ORIGIN/DESTINATION
TOTAL MILEAGE					

INSTRUCTIONS: USE THIS FORM TO CONTINUE A REIMBURSEMENT VOUCHER (RMV). (1) Complete all information on the Reimbursement Voucher (RMV). (2) Obtain Payee's signature and Banner ID number on original RMV. (3) Obtain Department Head and Dean or Director's signature on original RMV. (4) Original signatures are only required on the original RMV. (5) Retain one copy of the RMV and documentation for departmental files. (6) Send original RMV, continuation sheet, and original documentation along with TWO additional copies of the RMV to Account Payable, MSC 3AP. (7) ORIGINAL RMV, CONTINUATION SHEET, AND DOCUMENTATION BECOME PART OF NMSU PERMANENT FILES.