



VETERANS OF FOREIGN WARS
DEPARTMENT OF NEW MEXICO



REIMBURSEMENT TRAVEL VOUCHER

(NAME) (ADDRESS) (ZIP CODE)

I, hereby certify the following travel expenses were incurred in discharging my duties as:

_____, as authorized by the State Commander
(TITLE)

BEGIN: _____ STOP: _____

PURPOSE: _____ DATE: _____

BEGIN: _____ STOP: _____

PURPOSE: _____ DATE: _____

BEGIN: _____ STOP: _____

*Total Miles Traveled @ .30 Per Mile: _____ \$ _____
(Leave Blank) (Leave Blank)

***Total Nights Lodging @ \$100.00 Per Night: _____ \$ _____
(Must include receipt for reimbursement) (Leave Blank)

Total Amount Due: \$ _____
(Leave Blank)

Sign: _____

(Department Authorization)

Notes: *Mileage will be computed at Department Headquarters on the basis of a current State Mileage Chart
** Fuel receipts are not required since the rates are pre-determined, unless circumstances outlined in the Department By-Laws, Article XIV, Section 8 apply.
*** Hotel receipts are required for payment. Reimbursement will be computed based on the actual hotel cost not to exceed \$100.00 per night's stay.