



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: \_\_\_\_\_  
(TITLE)

BEGIN: \_\_\_\_\_ STOP: \_\_\_\_\_

PURPOSE: \_\_\_\_\_ DATE: \_\_\_\_\_

BEGIN: \_\_\_\_\_ STOP: \_\_\_\_\_

PURPOSE: \_\_\_\_\_ DATE: \_\_\_\_\_

BEGIN: \_\_\_\_\_ STOP: \_\_\_\_\_

PURPOSE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

Total Nights Lodging @ \$75.00 Per Night: \_\_\_\_\_ \$ \_\_\_\_\_  
(Must include receipt for reimbursement) (Leave Blank)

Total Amount Due: \$ \_\_\_\_\_  
(Leave Blank)

Sign: \_\_\_\_\_

\_\_\_\_\_  
(Department Authorization)

*\*Mileage will be computed at Department Headquarters on the basis of a current State Mileage Chart\**  
*\*\* Meal and Fuel receipts are not required since the rates are pre-determined, unless circumstances outlined in the Dept. By-Laws, Article XIV, Section 8. apply.\**