



Travel Request Form

Travel Number

See Form Instructions

Name: _____ Banner ID #: _____

US Citizen Permanent Resident Foreign National

Travel Departure Point (Where did you begin your trip?): _____

Destination: _____

Date of Departure: _____ Date of Return: _____

Department or Grant/Contract: _____

Contact (Name and Email): _____

Index*: _____ Account: _____ Activity: _____ Total Estimate: _____

*If multiple indexes are needed attach a separate page providing how the travel should be distributed.

Provide the reason for the trip and demonstrate that the travel is necessary

Prepayments (Payments to be made prior to travel)

- Pre-paid by Traveler** (provide receipt) _____
- Registration** (provide invoice) _____
- Vendor Name** _____
- Airfare Paid by NMIMT** _____
- Advance** up to 90% of Approved Travel Less prepayments and reimbursements _____

NMT Purchasing Card (Original receipts must be submitted to Purchasing. A copy should be included with the travel.)

- Airfare** _____
- Registration** _____
- Hotel** _____
- Ground Transportation/Parking** _____

Additional Information (Check if applicable)

- Hotel** (actual amount will be claimed)
- State Travel**
- State Per Diem Rate _____ per day
- State Mileage Rate \$0.32 per mile
- Federal Travel** (provide documentation from www.GSA.gov)
- Federal Per Diem Rate _____ per day
- Federal Mileage Rate _____ per mile

The requestor and approving authorities certify that the above constitutes NMIMT business related Travel.

Request Approvals

Requestor	Date	Dept Concur Signature/Initials:
Dept. Division Head or P.I.	Date	
Concur or Second Approval	Date	
President	Date	

FOR BUSINESS OFFICE/ SPONSORED PROJECTS ADMIN. USE ONLY

Accountant Approval	Date	
<input type="checkbox"/> Federal Per Diem	<input type="checkbox"/> Federal Mileage	



Travel Reimbursement Voucher

Travel Number

See Form Instructions

Name: _____ **Banner ID #:** _____
Travel Departure Point (Where did you begin your trip?): _____
Destination: _____
Date of Departure: _____ **Date of Return:** _____
Time of Departure: _____ **Time of Return:** _____
Department: _____
Contact (Name and Email): _____
Index*: _____ **Account:** _____ **Activity:** _____

*If multiple indexes note under special instructions or attach a memo providing how the travel should be distributed.
 Mark the end box after the amount if NMIMT P-Card was used for the travel payment. IF NMIMT P-Card was used original receipts must be submitted to Purchasing. A copy should be included with the travel.

NMIMT P-Card

NMT Per Diem Days _____ Hours _____ Rate Per Day _____
 Federal Per Diem Days _____ Rate Per Day _____

Hotel (less any personal/other services such as movies, room services, etc) _____

Plane _____ Personal Purchase _____ NMIMT Purchase _____
 _____ Private _____ @ \$0.88 per air mile \$ 0.00

Auto _____ Official _____ N/A
 _____ Private NMT Rate _____ @ \$0.32 per mile \$ 0.00
 _____ Private Federal _____ @ _____ per mile \$ 0.00
 _____ Private local at destination ⁰ _____ @ _____ per mile \$ 0.00

Odometer: Beginning _____ Ending _____

Other Transportation: (specify) _____
 _____ Taxi _____ Shuttle _____ Car Rental _____ Fuel

Registration _____ Prepaid _____ Paid by Traveler _____

Miscellaneous: (list) _____

Total Cost \$ 0.00

Subtract Prepayment(s), NMIMT P-Card Payments & Advances \$ 0.00

Total amount to be reimbursed \$ 0.00

Special Instructions:

Remit To:

I hereby certify that the above travel has been completed for the stated purpose; that the above itemized account is just and true in all respects, and that the amount claimed is due and payable.

Reimbursement Approvals

Requestor _____
 Dept. Division Head or P.I. _____
 Concur or Second Approval _____
 President _____

Date _____
 Date _____
 Date _____
 Date _____

Dept Concur
Signature/Initials:

FOR BUSINESS OFFICE USE ONLY

Date: _____ Amount of Payment: _____
 For Payment: _____ FOAP: _____