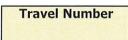


Travel Request



Form

See Form Instructions			
Name:		Banner ID #:	
	anent Resident 📃	Foreign National	
Travel Departure Point (Where o	did you begin your trip?):		
Destination:			es A sub-sector and the sector and the sector of the sector
Date of Departure:		Date of Return:	
Department or Grant/Contract:			
Contact (Name and Email):			
Index*: Account:	Activity:	Total Estin	nate:
*If multiple indexes are needed a	attach a separate page providing how th	ne travel should be distributed.	
Provide the reason for the trip and	demonstrate that the travel is n	lecessary	
Prepayments (Payments to be ma	. ,		
Pre-paid by Traveler			-
Vendor Nai	the second s		
Airfare Paid by NMII	roved Travel Less prepayments and reimburse	emente	
NMT Purchasing Card (Original receipts			
	These be submitted to Furchasing. A copy site	buid be melded war the travel.	
Registration			
Hotel			
Ground Transportati			
Additional Information (Check if appli			
Hotel (actual amount will be State Travel	claimed)		
State Per Diem Rate	per day		
State Mileage Rate	\$0.32 per mile		
Federal Travel (provide	e documentation from www.GSA.gov)		
Federal Per Diem Rate	per day		
Federal Mileage Rate	per mile		
The requestor and approving authori	ties certify that the above consti	tutes NMIMT business relat	ed Travel.
Request Approvals	 Control K. • The Destruction the endercade state modelstation (3) 		
		Date	Dept Concur
Requestor		Dute	Signature/Initials:
		Date	
Dept. Division Head or P.I.			
		Date	2. A
Concur or Second Approval			
		Date	
President			
FOR BUSINESS OFFICE/SPONSORED	PROJECTS ADMIN. USE ONLY		

Date Federal Mileage



Travel Reimbursement Voucher

See Form Instructions Name:		Banner ID #1	
	re did you begin your trip?):		
Destination:			
Date of Departure:		Date of Return:	
Time of Departure:		Time of Return:	
Department:			
Contact (Name and Email):			
*If multiple indexes note under special ins	Account:	Activity:	
	MT P-Card was used for the travel payment. IF NN		
	Hours	Rate Per Day	3
Federal Per Diem Days		Rate Per Day	-
Hotel (less any personal/other ser	vices such as movies, room services, et	c)	
Plane Personal Purchase	NMIMT Purchase		
Private	@\$0.88 per air	mile	\$ 0.00
AutoOfficial	@ #0.22		N/A \$ 0.00
	@\$0.32 per m		\$ 0.00
	@		
	ination 0		\$ 0.00
Odometer: Begi	nning Ending		
TaxiShu	uttle Car Rental	Fuel	
Registration Pre	paid Paid by Traveler		Г
Miscellaneous: (list)			
_		 Total Cost	\$ 0.00
	Subtract Prepayment(s), NMI	MT 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	t and true in all respects,
and that the amount claimed is due a	nd payable.		
Reimbursement Approvals			Dept Concur
		Date	Signature/Initials:
Requestor			
		Date	_
Dept. Division Head or P.I.			
		Date	_
Concur or Second Approval			2
President		Date	_
FOR BUSINESS OFFICE USE ONLY		Daumanh	
Date:		Payment:	
For Payment:	FOAP:		