



# 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, or as limited by GSA)
- State Travel
  - State Per Diem Rate \_\_\_\_\_ per day
  - State Mileage Rate \$0.535 per mile
- Federal Travel (provide documentation from www.GSA.gov)
  - Federal Per Diem Rate \_\_\_\_\_ per day
  - Federal Mileage Rate \_\_\_\_\_ per mile

### Vehicle Use

- Official Vehicle # \_\_\_\_\_
- Private

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

### Request Approvals

Requestor \_\_\_\_\_

Dept. Division Head or P.I. \_\_\_\_\_

Vice President (required for actual lodging) \_\_\_\_\_

NMT President (required for international travel) \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Dept Concur  
Signature/Initials:

### FOR BUSINESS OFFICE/SPONSORED PROJECTS ADMIN. USE ONLY

Accountant Approval \_\_\_\_\_ Date \_\_\_\_\_

Federal Per Diem  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 \_\_\_\_\_

Auto \_\_\_\_\_ Official Vehicle # \_\_\_\_\_ Miles \_\_\_\_\_ N/A  
 \_\_\_\_\_ Private NMT Rate \_\_\_\_\_ @ \$0.535 per mile \_\_\_\_\_  
 \_\_\_\_\_ Private Federal \_\_\_\_\_ @ \_\_\_\_\_ per mile \_\_\_\_\_  
 \_\_\_\_\_ Private local at destination \_\_\_\_\_ @ \_\_\_\_\_ per mile \_\_\_\_\_  
 Odometer: Beginning \_\_\_\_\_ Ending \_\_\_\_\_

Other Transportation: (specify) \_\_\_\_\_   
 \_\_\_\_\_ Taxi \_\_\_\_\_ Shuttle \_\_\_\_\_ Car Rental \_\_\_\_\_ Fuel \_\_\_\_\_

Registration \_\_\_\_\_ Prepaid \_\_\_\_\_ Paid by Traveler \_\_\_\_\_

Miscellaneous: (list) \_\_\_\_\_   
 \_\_\_\_\_  
 \_\_\_\_\_

Total Cost \_\_\_\_\_

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

Total amount to be reimbursed \_\_\_\_\_

**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 \_\_\_\_\_

Date \_\_\_\_\_

Dept. Division Head or P.I. \_\_\_\_\_

Date \_\_\_\_\_

Vice President \_\_\_\_\_

Date \_\_\_\_\_

NMT President \_\_\_\_\_

Date \_\_\_\_\_

Dept Concur  
 Signature/Initials:

**FOR BUSINESS OFFICE USE ONLY**

Date: \_\_\_\_\_ Amount of Payment: \_\_\_\_\_  
 For Payment: \_\_\_\_\_ FOAP: \_\_\_\_\_