

**NEW MEXICO INSTITUTE OF MINING AND TECHNOLOGY  
NON-EMPLOYEE TRAVEL  
REIMBURSEMENT FORM**

**Instructions: Submit completed form with original receipt(s) to the travel department (Wells Hall). All information must be completed for payment to be made. The payment will be treated as taxable income if receipts are not provided. See the procedures document for details on reimbursements to foreign entities.**

Travel Number: \_\_\_\_\_

Payee:		Date:
Payee Address:		Department name:
City:	State:	Dept. contact person:
Phone:	Zip:	Dept. phone #:
Mail check to (address):		Or Hold the check for pick up

Index/Acct #	Total Payment \$
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**Traveler statement:**

Name: \_\_\_\_\_

Citizenship declaration: I certify that I am a citizen of the country of: \_\_\_\_\_

If you are **not** a citizen of the United States, please attach copies of the immigration documentation defined in the procedures document.

Traveler Signature: \_\_\_\_\_ (Date) \_\_\_\_\_

**Mileage and per diem:**

Date of Departure:	Date of Return:
Time of Departure:	Time of Return:
Odometer: Beginning:	Ending:
Per Diem: Days	Hours
Rate per day: \$	

Explain the reason for the travel:

Dept. Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Federal Compliance Mgr: \_\_\_\_\_ Date: \_\_\_\_\_  
 Accounting approval: \_\_\_\_\_ Date: \_\_\_\_\_

Federal Compliance Office – route here when traveler is NOT a US citizen; or when receipts are not provided.

1099 Amount of Tax to withhold from the payment: \$ USD

Business Office Use only

Invoice date:	Vendor #:
Invoice #:	Payment date: