

## Travel Reimbursement Instruction Sheet

**\*\*\*USE BLUE INK WHEN COMPLETING THE FORM MANUALLY. DO NOT USE WHITE OUT\*\*\***

**Please read the directions carefully before completing the packet.** All forms are required and should be completed in their entirety; any missing documents or incomplete forms will not be processed and will cause a delay in reimbursement. Reimbursement restrictions may apply submitting this packet does not guarantee reimbursement. **USE ONE FORM PER TRIP. DO NOT COMBINE TRIPS.**

### ELIGIBILITY FOR REIMBURSEMENT:

- Travel more than 35+ miles one way for the training/workshop/conference and overnight lodging is required
- Attach a Rand McNally map to document your mileage. <http://www.randmcnally.com/>
- Requester/Traveler must complete **entire** reimbursement packet
- NMDHSEM does not reimburse contractors and federal employees, (i.e. Federal Military, FEMA, and IHS etc.).
- Reimbursement packets must be received at DHSEM within 10 days of the training/workshop/conference attended.

*Please follow this CHECKLIST when completing the forms:*

1. ☐ **(REQUIRED FORM) INVOICE FOR NON DHSEM EMPLOYEES**
  - Requester/Traveler must complete all information on the first section of the form. If you do not know your vendor number or have not been assigned a vendor number, please leave the DFA Vendor Number section blank.
  - Workshop/Conference: Must contain-Name of Training/Conference, Location, Date(s), and Purpose for Attending.
2. ☐ **(REQUIRED FORM) TRAVEL INFORMATION SHEET**
  - Reimbursement is based on a 24 hour cycle of when the travel began
  - **Payee:** The person or Agency that will be reimbursed
  - **Departure (DP) and Arrival (AR):** City and State, ONLY
  - **REQUIRED- Date:** Please indicate dates of departure and arrival.
  - **REQUIRED- Time (am & pm):** Please indicate the time of arrival and departure

### PER-DIEM (APPROVED RATES): Prior approval from NMDHSEM is required

- In-State: \$85.00/day (Includes Meals and Lodging)
- Santa Fe: \$135.00/day (Includes Meals and Lodging)
- Out-Of State and Special Areas: \$115.00 (Includes Meals and Lodging)  
(You must travel out of New Mexico to another State to claim this rate.)
- Tip reimbursement-maximum of \$6.00/day
- Receipts are not required

### ACTUAL: If meals are being provided then the ACTUAL RATE must be claimed.

- Maximum Daily Meal Allowance: \$30.00 In-State / \$45.00 Out-of-State
- Original itemized receipts are required & original tip receipts are required
- Credit Card/Debit receipts are **NOT** accepted, you must provide a detailed receipt
- Alcoholic Beverages are **NOT** an allowable reimbursable expense
- Do not write, mark, or use a highlighter on your receipts
- Internet Access, & In Room Movies, etc, are not an allowable reimbursable expense

### MILEAGE and FUEL COSTS:

- Program/Government vehicles will not be reimbursed for mileage and/or fuel costs
- Traveler may request mileage if they are utilizing their privately owned vehicle (POV)
- Fuel purchase is **not** eligible for reimbursement
- **Actual Odometer readings are required for mileage reimbursement, and you must certify your mileage OR you may submit a Rand McNally map to document mileage. MapQuest and Google Maps are NO LONGER ACCEPTED by our State DFA Auditor.**
  - Map miles from **Rand McNally** will be the only one used to calculate mileage reimbursement.

3. ☐ **(REQUIRED FORM) IN-KIND MATCH FORM**
- Requestor/Traveler must complete, sign and date the form IN BLUE INK.
4. ☐ **(REQUIRED) REGISTRATION FORM/INVITATION LETTER AND AGENDA**
- A Registration Form/Invitation Letter and/or an Agenda for the conference/workshop are required and must be submitted with the reimbursement packet.
5. ☐ **(REQUIRED FORM) STATE OF NEW MEXICO SUBSTITUTE W-9 FORM**
- If a State of NM Substitute W-9 form is **not attached** to this packet please call NMDHSEM. **(Your reimbursement packet will not be processed if it is not attached)**
  - Federal W-9 forms are not accepted
  - The address on all documents must be identical to the address on the State of NM Substitute W-9 form
  - If you have changed your address since the last time you were reimbursed by NMDHSEM you must provide an updated State of NM Substitute W-9 form.
  - **Checking Account Direct Deposit:** Attach a blank voided check (Checking deposit slips are not acceptable)
  - **Savings Account Direct Deposit:** Submit a copy of your bank issued account card (not a debit/credit card) or a savings deposit slip.
6. ☐ **COMPLETE PACKET**
- Please mail the completed packet to the following address:  
**For US Postal Service**  
NM Department of Homeland Security & Emergency Management  
P.O. Box 27111  
Santa Fe, NM 87502  
  
**For UPS/FED EX**  
NM Department of Homeland Security & Emergency Management  
13 Bataan Blvd  
Santa Fe, NM 87508
  - For additional assistance please call 505-476-9600
  - The most recent version of the forms are also available on our training website:  
<https://www.preparingnewmexico.org>

If you have not received your reimbursement after 90 days, please contact NMDHSEM.

## **NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT**



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WHITE OUT\*\*\***

Updated: 01/02/15

# TRAVEL REIMBURSEMENT FORM INVOICE FOR NON-NMDHSEM EMPLOYEES



Please follow the checklist provided when completing the reimbursement packet.

You **must** be registered as a vendor with the Department of Finance and Administration (DFA) to receive payment. If you or your agency **does not** have a vendor number, please complete a [State of NM W-9 form](#) to establish a vendor number. Federal W-9 forms are **NOT** accepted.

**\*\*\*USE BLUE INK WHEN COMPLETING THE FORM MANUALLY\*\*\***

*Print Legibly or Type.*

DATE:	TRAVELERS NAME:
PAYEE:	OCCUPATION:
ADDRESS:	PHONE:
CITY/STATE/ZIP:	E-MAIL:
Agency Federal I.D or SSN: <small>(Required if you do not have a vendor number)</small>	TRAVELERS SIGNATURE: <i>(Required)</i>
STATE DFA VENDOR #:	PROCESSED BY: <small>(DHSEM ONLY)</small>

Workshop/Training Attended:

Date(s):

Location:

Purpose for Attending:

Are you a Federally Funded

Employee?

☐

Yes

☐

No

Justification for Line Item 4791:

Reimbursement of student per-diem is being paid in accordance to the negotiated performance measures between the DHSEM and FEMA

**\*\*\*THE SECTION BELOW IS FOR NMDHSEM USE ONLY\*\*\***

Total Amount To Be Reimbursed: \$ \_\_\_\_\_

FUNDING CODE	DEPT. CODE	REPORTING CAT/OPERATING UNIT	BUDGET REFERENCE	CLASS CODE

I certify that the payee specified herein to the best of my knowledge is legally entitled to receive the money transmitted herewith and that no part there-of has already been transmitted.

Approved: \_\_\_\_\_  
Grants Manager

Approved: \_\_\_\_\_  
Chief Financial Officer (CFO)

Approved: \_\_\_\_\_  
Budget Director

Approved: \_\_\_\_\_  
Section Bureau Chief

# TRAVEL REIMBURSEMENT INFORMATION SHEET

## NON-NMDHSEM EMPLOYEES

**PAYEE:** \_\_\_\_\_

LOCATION OF TRAVEL (ENTER CITY, STATE ONLY)	TRAVEL DATE	TIME (AM OR PM)	COMMENTS
Departing:			
Arrival:		Enter time of when travel started above	
Depart:		Enter time of when travel ended below	
Arrival:			
Depart:			
Arrival:		Enter time of when travel started above	
Depart:		Enter time of when travel ended below	
Arrival:			
Depart:			
Arrival:		Enter time of when travel started above	
Depart:		Enter time of when travel ended below	
Arrival:			

**\*\*Please check either Per Diem Rates or Actual Rates. You cannot claim both.\*\***

<input type="checkbox"/> <b>PER DIEM REIMBURSEMENT:</b> (Includes lodging & meals)	<b>NUMBER OF DAYS</b>	<b>TOTAL</b>
<b>IN-STATE</b>	<b>\$85.00 (24 HR Cycle)</b>	<b>\$ _____</b>
<b>OUT-OF-STATE</b> (For travel out of NM only)	<b>\$115.00 (24 HR Cycle)</b>	<b>\$ _____</b>
<b>SANTA FE/SPECIAL AREAS</b>	<b>\$135.00 (24 HR Cycle)</b>	<b>\$ _____</b>
<b>DAILY TIP ALLOWANCE</b>	<b>\$6.00 (PER DAY)</b>	<b>\$ _____</b>

<input type="checkbox"/> <b>ACTUAL REIMBURSEMENT:</b>	<b>NUMBER OF DAYS</b>	
<b>Lodging</b> (Attach Itemized Hotel receipt)	_____	<b>\$ _____</b>
<b>Meals</b> (Attach Itemized meal receipts, receipt MUST show what items were purchased)		<b>\$ _____</b>
<b>Tips</b> (Attach signed tip receipts, you MUST have a receipt to claim tips)		<b>\$ _____</b>

**ADDITIONAL EXPENSES:** (Attach Receipts)

<b>Other Expenses</b> (Registration Fees, etc., attach receipts/copy of check and/or additional documentation.)	<b>\$ _____</b>
<b>Transportation</b> (Parking Fees, Train, Bus, Airfare, Car Rental, Shuttle, Taxi, Baggage Fees)	<b>\$ _____</b>

**PARITAL DAY PER DIEM:** (Based on 24 hour cycle of when travel began)

Partial Day Per Diem when **overnight lodging is required** and **EXCEEDS 24 hour cycle:**

	<b>MAXIMUM</b>	<b>TOTAL HOURS</b>	
Less than 2 Hours	\$ 0.00	_____	<b>\$ _____</b>
2 Hours but less than 6 Hours	\$ 12.00	_____	<b>\$ _____</b>
6 Hours but less than 12 Hours	\$ 20.00	_____	<b>\$ _____</b>
12 Hours but less than 24 Hours	\$ 30.00	_____	<b>\$ _____</b>

For hours **Beyond a Normal Work Day (8HRS)** when **overnight lodging is NOT required:**

	<b>MAXIMUM</b>	<b>TOTAL HOURS</b>	
Less than 2 hours	\$ 0.00	_____	<b>\$ _____</b>
2 Hours but less than 6 Hours	\$ 12.00	_____	<b>\$ _____</b>
6 Hours but less than 12 Hours	\$ 20.00	_____	<b>\$ _____</b>
12 Hours or more beyond the normal work day	\$ 30.00	_____	<b>\$ _____</b>

☐ **MILEAGE NOT CLAIMED**

**MILEAGE:** (Vehicle info. is **required** if you are claiming mileage, attach a mileage map from Rand McNally documenting mileage)

**Vehicle License Plate #:** \_\_\_\_\_ **Year:** \_\_\_\_\_ **Model & Make:** \_\_\_\_\_

**Beginning Odometer:** \_\_\_\_\_ **Ending Odometer:** \_\_\_\_\_

**Total Traveled Miles:** \_\_\_\_\_ **X \$0.45 / Mile = → →** **\$ \_\_\_\_\_**

**GRAND TOTAL TRAVEL EXPENSES:** **\$ \_\_\_\_\_**



## New Mexico Department of Homeland Security and Emergency Management

### SALARY IN-KIND MATCH FORM

The New Mexico Department of Homeland Security and Emergency Management (NMDHSEM) is largely funded by grants from the federal government. For many of these grants, we are required to provide non-federal matches (state, local and industry in-kind matches). What this means is that value of your time and any expenses you may incur for travel to this meeting can be used to match our grants. This is only the value of your time; no actual cash match is required. Your match is important to the NMDHSEM program and in-kind matches from industry and other participants help demonstrate that this type of voluntary activity has value to business and other constituencies in and outside of New Mexico. (***This form MUST be completed to receive reimbursement***)

1. Enter the date, total training and travel hours for this particular course.
2. Please provide us with your Salary, (i.e. hourly, monthly or annual).
3. If NMDHSEM is **NOT** reimbursing you for your mileage, lodging, and other expenses; Enter the information in the columns provided, otherwise leave it blank.
4. Document the purpose for the training that you attended.
5. [Sign](#) the document and submit along with the reimbursement packet.

DATE	HOURS	SALARY	MILEAGE	OTHER TRAVEL	LODGING	OTHER	TOTAL	PURPOSE / TRAINING ATTENDED
		(fully burdened: salary x 0.30) x hours	(miles x 0.45)					

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PRINT NAME

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TITLE

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DATE

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SIGNATURE

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ORGANIZATION

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TELEPHONE #