



Central New Mexico Community College

MILEAGE REIMBURSEMENT VOUCHER
IN-STATE AND CAMPUS TO CAMPUS

Travel Coordinator: \_\_\_\_\_ Phone Ext: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Name (Print): \_\_\_\_\_ Department: \_\_\_\_\_

CNM ID Number: \_\_\_\_\_ Cost Account: \_\_\_\_\_

Itemized statement of automobile mileage for which reimbursement is claimed

Table with 4 columns: DATE, DEPARTURE POINT, DESTINATION, MILEAGE. Multiple empty rows for data entry.

TOTAL 0.0

0.0 MILES @ \$ 0.32 \$ -

I do solemnly swear that the above account of mileage was for official Institute business and is just and true in all respects.

Submitted By: \_\_\_\_\_
Traveler

Approved By: \_\_\_\_\_
Control Agent

Approved By: \_\_\_\_\_
Dean/Director/Supervisor

Approved By: \_\_\_\_\_
Business Office