Travel Voucher & Contribution Record for Board Members					
New Mexico Humanities Council					
Board Member Name:					
D					
Purpose of Travel: Please include information such as activity (Board Meeting, Conference) and					
dates of each event					
Documentation: Please attach receipts for all miscellaneous expenses.					
Meal Reimbursement**: \$5/breakfast, \$8/lunch, \$12 dinnerOR \$25 Per Diem					
	Transportation: From/To Add "RT" if round trip				
Date	(Example: ABQ/Hobbs RT)	Purpose of Travel	Miles	Rate	\$ Total
- Date	(Example: ABQ/Hobbs K1)	Turpose of Traver	- Ivilies		
Total Miles				1 0 <i>275</i>	
Total Miles: Miscellaneous Expenses # Days				0.275	\$
			# Days	Rate	Γ φ
Transportation		Car rental, plane ticket, taxis, etc.	n/a	n/a	\$
Other Transportation		Gas (car rental only), parking, etc.	n/a	n/a	\$
Overnight Accomodations		Hotel, Motel, etc.			\$
Meals** (# of each at right)			nner	see above	\$
Meals** Per Diem		~Instead of per meal above~		25.00	\$
Other - ple	ease describe:		n/a	<u> n/a </u>	<u>\$</u>
				XPENSES:	
(minus) DONATION t					
(equals) TOTAL REIMBURSI					
CONTRIBUTIONS to NMHC					
DONATED TIME Examples: Reading grants, preparing for a meeting, meeting attendence, etc.					tc.
Date		For What Activity		Rate	Amount
				\$525/day	\$
				\$525/day	\$
				\$525/day	\$
				\$525/day	\$
OTHER CONTRIBUTIONS (Attach description/documentation)				n/a	\$
In-Kind DONATIO				ON TOTAL	
I certify that: 1) Travel expenses were reasonable and necessary and have not been reimbursed					
from any other source.					
2) Time and other contributions are accurately reported and other assessed at their					
fair market value.					
Signature of payee:				Date:	
Address:					
City, State, & Zip:					
	City, State, & Zip.	1			