

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

Instructions: Submit completed form with original receipt(s) to the travel department (Fidel 216). 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 <input type="checkbox"/>

Acct. #	Total Payment \$
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Traveler statement:	
Traveler's Soc Sec number or ITIN (if available):	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: _____	_____
<small>(Signature)</small>	<small>(Date)</small>

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 <input type="checkbox"/>	Amount of Tax to withhold from the payment: \$ _____ USD
Business Office Use only	
Invoice date:	Vendor #:
Invoice #:	Payment date: