



Travel Reimbursement Instruction Sheet

***** 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/> Please include round trip mileage if you are going to return to the same place of departure and are applicable for mileage.
- **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 7 days of the training/workshop/conference attended.

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 contact marie.ciattini@state.nm.us to begin the process of establishing one.
 - 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 if locations are not reflected on the mileage chart provided. Rand McNally is a last option if you are unable to find your locations on the chart and odometer readings are unavailable. If you have no other option than to use Rand McNally, the map must be attached to the submission to document mileage. MapQuest and Google Maps are NO LONGER ACCEPTED by our State DFA Auditor.**

3. ☐ **(REQUIRED FORM) IN-KIND MATCH FORM**
- Requestor/Traveler must complete, sign and date the form.
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 you do not have a vendor number established)**
 - 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

NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT



******For additional assistance please call Avalon Wright at 505-476-9609******



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. If you submit **WITHOUT VENDOR NUMBER** your reimbursement will be put on hold until one is established, this may take several weeks. Federal W-9 forms are **NOT** accepted. Upon completion of W-9, submit to: marie.ciattini@state.nm.us.

Print Legibly or Type.

DATE: (Required)	TRAVELER'S NAME: (Required)
PAYEE: (Required)	OCCUPATION: (Required)
ADDRESS: (Required)	PHONE: (Required)
CITY/STATE/ZIP: (Required)	E-MAIL: (Required)
STATE DFA VENDOR #: (Required)	TRAVELER'S SIGNATURE: (Required)
IF YOU DO NOT HAVE A VENDOR I.D. PLEASE SEE FINE PRINT ABOVE FOR INSTRUCTIONS	PROCESSED BY: (DHSEM ONLY)

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

*****NM DHSEM USE ONLY (BELOW)*****

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): _____

Date

Approved (CFO): _____

Date

Approved (Section Bureau Chief): _____

Date



TRAVEL REIMBURSEMENT INFORMATION SHEET NON-NMDHSEM EMPLOYEES

ONLY USE MORE THAN TWO ROWS IF YOU ARE COMMUTING FROM HOME TO PLACE OF TRAVEL EACH DAY

Location of Travel (City, State Only)	Travel Date	TIME (AM OR PM) No Military Time	COMMENTS
Depart:		Travel Starts:	
Arrival:		Travel Ends:	
Depart:		Travel Starts:	
Arrival:		Travel Ends:	
Depart:		Travel Starts:	
Arrival:		Travel Ends:	
Depart:		Travel Starts:	
Arrival:		Travel Ends:	
Depart:		Travel Starts:	
Arrival:		Travel Ends:	

****Please check either Approved Rates or Actual Rates. You CANNOT claim both. ****

<input type="checkbox"/> APPROVED RATES REIMBURSEMENT: (Includes lodging & meals)	NUMBER OF DAYS	TOTAL
IN STATE TRAVEL \$85.00 (24 HR Cycle)	_____	\$ _____
OUT OF STATE TRAVEL \$115.00 (24 HR Cycle)	_____	\$ _____
SANTA FE/SPECIAL AREAS \$135.00 (24 HR Cycle)	_____	\$ _____
DAILY TIP - IN STATE \$6.00 (PER DAY)	_____	\$ _____
DAILY TIP - OUT OF STATE \$9.00 (PER DAY)	_____	\$ _____

<input type="checkbox"/> ACTUAL REIMBURSEMENT:	NUMBER OF DAYS	
Lodging (Attach Itemized Hotel receipt and Secretary's Approval if rates surpass what is allowed)	_____	\$ _____
Meals (Attach Itemized meal receipts, receipt MUST show what items were purchased; a ZERO BALANCE MUST BE SHOWN)		\$ _____
Tips (Attach signed tip receipts, you MUST have a receipt to claim tips)		\$ _____

ADDITIONAL EXPENSES: (Attach Receipts)

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

PARTIAL 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 :	MAXIMUM	TOTAL HOURS	
Less than 2 Hours	\$ 0.00	_____	\$ _____
More than 2 Hours but less than 6 Hours	\$ 12.00	_____	\$ _____
More than 6 Hours but less than 12 Hours	\$ 20.00	_____	\$ _____
More than 12 Hours but less than 24 Hours	\$ 30.00	_____	\$ _____

For hours **Beyond a Normal Work Day (12 HRS)** when **overnight lodging is NOT required:**

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

MILEAGE REIMBURSEMENT

MILEAGE: (Vehicle info. is **REQUIRED** if you are claiming mileage, attach a mileage chart in support of miles claimed (included next page).

☐ **MILEAGE NOT CLAIMED**

Vehicle License Plate #: _____ Year: _____ Model & Make: _____
Beginning Odometer: _____ Ending Odometer: _____
Total Traveled Miles: _____ .43 / Mile = \$ _____

GRAND TOTAL TRAVEL EXPENSES: \$ _____

REIMBURSEMENTS MUST BE SUBMITTED TO DHSEM 7 DAYS
AFTER THE LAST DAY OF TRAVEL
(This will prevent possible delays in reimbursement.)

NEW MEXICO DEPARTMENT OF HOMELAND SECURITY AND EMERGENCY MANAGEMENT



If you have not received your reimbursement after 90 days, please contact:
avalon.wright@state.nm.us

******For additional assistance please call 505-476-9609******

New Mexico Department of Transportation Mileage Chart

The following chart must be used for claiming mileage

- Exceptions:**
1. If your departure/arrival locations are not on the chart you may use odometer readings in support of you mileage.
 2. If you are unable to get odometer readings, you may get your mileage calculations from RandMcNally.com as a last option. If you choose to use Rand McNally, you will need to Use exact addresses and the amount claimed on the form must reflect the the same amount reflected on the print out from Rand McNally.
 3. If the travel is out of state.

MILEAGE must be claimed in Mileage Reimbursement section of the form. This is a tool to calculate mileage only.

FY17 Mileage Rate = 0.43 per mile

One Way	:	_____ mi.
Round Trip	:	_____ mi.



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 1.30) x hours	(miles x 0.43)					

PRINT NAME

TITLE

DATE

SIGNATURE

ORGANIZATION

TELEPHONE #