
EASTERN AREA WORKFORCE DEVELOPMENT BOARD

Administrative Office: 725 A-B Sixth Street NW, Box 8, Albuquerque, NM 87102

Phone: 505-343-7612

Fax: 505-343-7625

Board Travel Reimbursement

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Please make the check payable to: _____ *(if different than above)*

Date(s) of travel: _____

TO: _____ FROM: _____

Purpose: _____

I am claiming the \$95.00 meeting rate for a single day meeting. *(Lunch vouchers at ENMU will be deducted)*

I am claiming actual mileage of _____ miles at .41/mile.

Beginning Odometer: _____ Ending Odometer: _____

I am claiming map miles of: _____ (attach Rand-McNally map)

Stand In & In Kind Contributions

I am not claiming mileage.

I am not claiming the meeting rate of \$95.00 or Per Diem.

I certify, under penalty of law, the above odometer readings, if any, to be true and correct.

Board Member Signature

Date

Approved to Pay By: _____ Program: _____

Staff Contact: Tiffany Roth troth@nmwcc.com