



PRE-TRIP

Today's Date:

Banner ID:

Payee:

Traveler (s):

Destination (s):

Business purpose and benefit of travel: *If applicable, please attach Meeting/Conference Announcement or Agenda*

Date (s):

(NMSU) Departure Time:

(NMSU) Return Time:

Index Number (s): _____

Fund Number (s):

Transportation Method:

If claiming mileage, please provide Map Quest mileage map or Google Maps

Check One: **Per Diem** **or** **Actuals** Meals, Lodging, Transportation, Registration/Conference Fees, Parking, and Other

Department Approval:

Signature: Dr. Ricardo Ramirez, Department Head

Date:

POST-TRIP

As applicable, please provide receipts for travel expenses requested for actuals reimbursements.