**NMYSA EXPENSE REPORT**

Date:

**Name**

**Street Address**

**City/State/Zip**

**Phone**

**Event or purpose of expenditure**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description** | **Amount Receipt** | **Budget** |
|  |  | **Y/N** | **Code** |
|  | Travel: Approved Mileage \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
|  | Name of Passenger |  |  |
|  | Lodging |  |  |
|  |  |  |  |
|  | Per diem |  |  |

**TOTALS**

|  |  |
| --- | --- |
| **Signatures** | **For Office Use** |
| Submitted by | Date |
|  |
| Approval | Ck# |
|  |

**Please attach all receipts as required by policy**

Rev 03/2020