
EASTERN AREA WORKFORCE DEVELOPMENT BOARD

Administrative Mail Address: PO Box 2546, Roswell, New Mexico 88202

Phone: 575-208-2157

Board Travel Reimbursement

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

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

Date(s) of travel: _____

Starting Address: _____ Destination: _____

Purpose: _____

I am claiming the \$95.00 meeting rate for a single day meeting.

I am claiming actual mileage of _____ miles at .436/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