
EASTERN AREA WORKFORCE DEVELOPMENT BOARD

Administrative Office: 110 W Country Club, Roswell, New Mexico 88201

Phone: 575-208-1189

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 per diem meeting rate. I understand that I will be reimbursed \$45.00 for attending any virtual meeting or in person that lasted less than 4 hrs OR \$95.00 for attending a meeting in person lasting longer than 4 hours.

I am claiming actual mileage of _____ miles at .67/mile.

Beginning Odometer: _____ Ending Odometer: _____

I am claiming map miles of: _____ (attach Google maps)

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: _____