

## Employee Non-Travel Reimbursement - Instructions

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1. **Routing:** Select either the Yes or No box in the upper right corner to determine routing for the form.

2. **Section 1:**

- A. Fill in all requestor information.
- B. Enter description of expense to be reimbursed
- C. Enter business purpose for the expense
- D. Enter cost of expense
- E. Enter index, fund and account to be charged

3. Attach receipts for all expenses

- A. If reimbursing mileage for multiple days attach mileage log
- B. If reimbursing for business meal include all required information documenting the expense, optional form Meals, refreshments and Hospitality Expenses may be used
- C. If reimbursing for employee relocation expense, the Relocation Expenses Worksheet must be included



# Employee Non-Travel Reimbursement

Document # \_\_\_\_\_

Are you using sponsored awards or gifts on this form?

- Yes - Route spa@nmsu.edu  
 No - Route afr\_approvals@nmsu.edu

AP  
Phone 646-1189  
Fax 646-1077

Instructions: Use this form for all employee reimbursement requests OTHER THAN travel expenses. Use this form for "local mileage log" reimbursements. Reimbursement requests for business meals must include all required information documenting the expenses (optional form Meals, Refreshments and Hospitality Expenses may be used). Reimbursement requests for employee relocation expenses must include the Relocation Expenses Worksheet found at <http://af.nmsu.edu/forms/>. Note: NMSU employees will not be reimbursed for New Mexico tax on goods. All receipts must be attached. Scan and send form to AFR at afr\_approval@nmsu.edu or SPA at spa@nmsu.edu.

## SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Department: \_\_\_\_\_ Campus Box: \_\_\_\_\_

Requestor: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Aggie ID: \_\_\_\_\_ Payee: \_\_\_\_\_

Vendor Name	Description of Expense	Business Purpose	Amount
1.			
2.			
3.			
4.			
5.			
		Total from Continuation Page	
		Total	

I hereby certify the above itemized account is just and true in all respects, expenses incurred were necessary and proper, attached receipts have been paid in full and expenses were paid by me and not by NMSU to a vendor nor has any been paid or will be paid by another party.

Payee Signature: \_\_\_\_\_

Index	Fund	Account	Amount

## SECTION 2: OFFICIAL APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Principal Investigator       Dean/VP/CC President       Designee

## SECTION 3: CENTRAL APPROVAL

Fiscal Monitor Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by: \_\_\_\_\_ Date: \_\_\_\_\_

## Employee Non-Travel Reimbursement - Continuation Sheet

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Date (mm/dd/yyyy): \_\_\_\_\_ Payee: \_\_\_\_\_

Vendor Name	Description of Expense	Business Purpose	Amount
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			
Total			