

Employee Non-Travel Reimbursement - Instructions

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

ROUTING

Are you using sponsored awards or gifts on this form?
 Yes - Route spa@nmsu.edu
 No - Route af_approval@nmsu.edu

OR

For Aggie Service Center Units
[Enter a ticket in Aggie Service Desk](#)

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. Follow routing options at top of form.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Department: _____

Requestor Name: _____ E-mail Address: _____ Phone: _____

Payee Aggie ID: _____ Payee Name: _____ Payee E-mail Address: _____

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. I acknowledge any expense submitted for reimbursement past 90 days from date of purchase becomes taxable income per IRS regulations.

Payee Signature: _____

Index	Fund	Account	Amount

SECTION 2: OFFICIAL APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Principal Investigator Dean / VP / CC President Designee **OR**

For Aggie Service Center Units Dept Head/Dir Principal Investigator (PI)
Note: If payee is PI, Dept Head/Dir or above, payee's supervisor's signature is required

SECTION 3: REVIEW AND APPROVAL

Printed Name: _____ Signature: _____ Date: _____

SECTION 4: INTERNAL DEPARTMENT USE ONLY

Processed by: _____ Date: _____

Employee Non-Travel Reimbursement - Continuation Sheet

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			