



STATE OF NEW MEXICO
DEPARTMENT OF FINANCE AND ADMINISTRATION
FINANCIAL CONTROL DIVISION
NON-TRAVEL REIMBURSEMENT

Supplier Number _____

Business Unit/Name _____

Invoice Number _____

Employee Name _____

(YYYYMMDD Activity)

Address _____

Invoice Date _____

(Last signature date)

I, _____ certify that the following receipts for expenses are correct and that payment therefore has not been received.

Date	Account Code	Receipts Attached? Yes or No	Description	Amount
			Total	

Employee Signature

Date

Agency Head Signature or CFO

Date

Notes: A letter justifying why it was necessary for the employee to make the disbursement out of his or her personal funds **must** accompany this request for reimbursement. If this reimbursement exceeds the amount FCD has authorized your agency to disburse out of petty cash, this reimbursement relates to an unauthorized transaction which is a reportable condition in your audit report.