

State of New Mexico Department of Finance & Administration

180 Bataan Memorial Building Santa Fe, New Mexico 87501 Phone: (505) 827-4985

Fax: (505) 827-4984 www.nmdfa.state.nm.us

Deborah K. Romero Cabinet Secretary

DATE: April 12, 2022

TO: State Agency CFOs & Local Public Bodies

FROM: Mark Melhoff, Deputy Director

SUBJECT: FCD Memo FY22-006 – Fiscal Year 23 Per Diem Rates

The Department of Finance & Administration (DFA) has published the Fiscal Year 23 per diem rates as required by 10-8-4 (B) & (C), NMSA 1978. The calculation of the updated rates has taken into consideration the standard rates established by the United States general services administration. These rates go into effect July 1, 2022. The rate chart can be found on the DFA website by following the link below.

https://www.nmdfa.state.nm.us/financial-control/resource-information/memos-and-notices/

Feel free to contact me directly with questions.

State of New Mex	cico Per Diem Rates		
As Published by DFA on May 1, 2022.	FY23 rates are effective J	uly 1, 2022.	
Per Diem Rate for Overnight Travel	FY21	FY22	FY23
In-State	85.00	151.00	155.00
In-State - County of Santa Fe (Special Area)	135.00	194.00	202.00
Out-of-State	115.00	151.00	155.00
With the exception of Santa Fe County, per	diem rates are set at the s	standard GSA rate.	
Meal Rates for Actual Reimbursements	FY21	FY22	FY23
In-State	30.00	55.00	59.00
Out-of-State	45.00	55.00	59.00
Note: Meals are only reimbursable when usi	ing approved actual rates (per 24-hour period)	
Partial Day/Return from Travel/Same Day	FY21	FY22	FY23
less than 2 hours	-	-	-
2 hours but less than 6	12.00	18.00	20.00
6 hours but less than 12	20.00	40.00	42.00
12 hours but less then 24	30.00	55.00	59.00
The Travel & Per Diem Act allows for actual rein	nbursement when per dien	n rates are insuffici	ent.

ISSUED BY THE DEPARTMENT OF FINANCE & ADMINISTRATION EFFECTIVE JULY 1, 2021				STATE OF NEW MEXICO		PAGE#											
AGENCY NAME							OF TRAVEL EXPE		DIIGNESS			VOUCHER NUMBER					
SUPPLIER NAME					V	Vehicle License Plate	POST OF DUTY								PREPAID VOUCHER		
SUPPLIER ID					V	/ehicle Model & Year											
Board/Commission Attendance (select one):				Vehicle Type	RESIDENCE								FINAL VOUCHER				
Length of Board/Commission Meeting (select one):				NATURE OF EVRENCE		ODOMETER READINGS				AMOLINI	TS (ENITED AMOUN	TO IN DI LIE (COLLIMNI)				
DATE	TIME: AM OR PM			D DESTINA	NATURE OF EXPENSE ATION AND NATURE OF C		<u> </u>	NO OF	NO OF MILEAGE PER DIEM				OTHER TOTALS				
ITEMIZED COSTS BY D	S BY DAY DEPARTURE ARRIVAL ENT		ENTER	K DESTIN/	ATION AND NATURE OF C	FFICIAL BUSINESS	START AND FINISH	MILES	WILLAGE		PER DIEWI			JIIILIX		ALS	
PER DIEM BASED ON (CHECK ONE)					TOTALS												
ACTUAL		Over \$215 lodging Approval: (per night)		ADVANCE AMOUNT @ 80%													
APPROVED RATES						Agency I	Head Signature	ADJUSTED REIMBURSEMENT									
Check here if this claim is in compliance with the non-routine reassignment provisions of the DFA regulations governing the Per Diem and Mileage Act.																	
			DO SOLEMNLY SWEAR THAT THE ABOVE CLAIM FOR REIMBURSEMENT IS ACCURATE AND TRUE IN ALL RESPECTS AND COMPLIES WITH THE DFA REGULATIONS GOVERNING THE PER DIEM AND MILEAGE ACT AND THAT NO OTHER EXPENSES WILL BE REQUESTED FOR THIS INDIVIDUAL TRAVEL.														
					PAYEE SIGN HERE							DATE					