



TRAVEL EXPENSE REPORT

Send completed form to:
 Superior Medical Transportation
 PO Box 6913
 Albuquerque, NM 87197-6913

Reimbursement Check Should be Made Payable to: _____

Molina Healthcare of New Mexico Member Information: _____

NAME: _____

NAME: _____

MAILING ADDRESS: _____

MOLINA HEALTHCARE of NEW MEXICO ID #: _____

CITY/STATE/ZIP: _____

NAME OF ESCORT (IF PRIOR APPROVED): _____

SMT AUTHORIZATION/TRIP #: _____

Receipts for ALL meals or lodging must be sent with this Expense Report. Please enter costs in the appropriate areas and the totals.

IMPORTANT: This form must be filled out completely in order to receive reimbursement. All receipts must be received no later than 30 days after the last appointment. Receipts received after the 30-day period will not be processed. You must provide original receipts. No reimbursement will be made for copies or lost or misplaced receipts. The maximum daily amount for each meal is \$7.54. You can be paid for lodging up to \$51.93 per night on a weekday (in New Mexico). You can be paid up to \$81 per night on a weekend or for out-of-state travel on any day.

| Date: | SUN | MON | TUES | WED | THURS | FRI | SAT |
|---------------------|-----|-----|------|-----|-------|-----|-----|
| Breakfast | | | | | | | |
| Lunch | | | | | | | |
| Dinner | | | | | | | |
| Meals Total: | | | | | | | |
| Lodging | | | | | | | |
| Grand Total: | | | | | | | |

Prepared by: _____

Total Amount: \$

Approved by: _____