# BHPC Statutory Subcommittee Meetings
## FY13 Reimbursement Form

**Name:** ____________________________________________________  
**Mailing Address:** ____________________________________________  
**Email Address:** ____________________________________________

<table>
<thead>
<tr>
<th>Meeting Information</th>
<th>Adult&amp;Substance Abuse &amp; Medicaid Subcommittees:</th>
<th>Children &amp; Adolescents Subcommittee:</th>
<th>Native American Subcommittee</th>
</tr>
</thead>
</table>
| **Stipend is $15 per hour** | From 10am-1pm  
$45 is the maximum allowed  
Please Check (X) below to all that apply. | From 1:30pm-4pm  
$37.50 maximum allowed | From 9am-12pm  
$45 maximum allowed |
| **Date:** | Attended from 10am-1pm _____  
1) ADULT (ASC):  
Primary Rep __  
At-Large __  
Alt. Rep.__  
2) SUBSTANCE ABUSE (SASC):  
Primary Rep __  
At-Large __  
Alt. Rep.__  
3) MEDICAID (MSC)____  
Primary Rep __  
At-Large __  
Alt. Rep.__  
4) All _______  
Primary Rep __  
At-Large __  
Alt. Rep.__ | CASC  
Attended 1:30 – 4:00  
_____Please mark X | NASC  
Attended designated time  
_____Please mark X |

Total Stipends (to be completed by BHSD staff)  
ASC+SASC+ CASC+MSC+NASC = $ _____

---

I hereby certify that I am a member of the (BHPC) Subcommittee and I attended an official meeting on the date(s) indicated above. I am requesting reimbursement for the above expenses. I have not received payment from any other source.

Signature: ________________________________________________  
Date: ________________________

Reviewed By: ________________________________________________  
Date: ________________________

Approved By: ________________________________________________  
Date: ________________________

Submit this form to Valerie Quintana via fax at 505-222-9944, via email at Valerie.quintana@state.nm.us or postage at 1010 18th St. NW, ABQ, NM 87104

Effective November 1, 2012