



# TRAVEL EXPENSE CLAIM

(See State Administrative Manual 0600 for Travel Regulations)

Employee ID: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Department: \_\_\_\_\_

**FOR CONTROLLER'S OFFICE USE ONLY**

Doc ID \_\_\_\_\_

Date Entered \_\_\_\_\_

Initials \_\_\_\_\_

I declare under penalties of perjury that this claim (including any accompanying evidence) has been examined by me and to the best of my knowledge and belief is a true and correct claim in conformance with the governing statutes and the rules and regulations as promulgated by the State of Nevada Board of Examiners.

Method of Travel:

- P Plane
- B Bus
- RR Rail
- L Limousine
- T Taxi
- AV Agency Vehicle
- PC Private Car
- X Passenger in Car
- MP Motor Pool

Claimant Must Sign Here \_\_\_\_\_

Date \_\_\_\_\_

DATE	DETAIL – List Purpose	METHOD OF TRAVEL	TIME		TRIP MILE-AGE	MILE-AGE REIMB	TRANS COST	DAILY EXPENSE REIMB				TOTAL CLAIMED
			Depart	Return				Meals			Lodging/ Incidentals	
								B	L	D		

**NOTE: THE TRAVEL EXPENSE CLAIM FORM MUST BE SUBMITTED TO THE CONTROLLER'S OFFICE BY THE EMPLOYEE WITHIN 15 WORKING DAYS AFTER COMPLETION OF A TRIP.**

Approved By \_\_\_\_\_

Date \_\_\_\_\_

Approved By \_\_\_\_\_

Date \_\_\_\_\_

ACCOUNTS TO BE CHARGED					
FUND	AGCY	ORG	OBJ	SOBJ	AMOUNT

SUMMARY OF EMPLOYEE CLAIM AMOUNTS	
Total of this claim:	
Charged by travel Agent and/or to Purchasing Card:	
<b>BALANCE DUE TRAVELER:</b>	