Subgrant No.: _____

State of Nevada

TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name _____

Social Security Number _____

Department & Division _____

Official Station _____

I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates.

_____ I do **not** have a travel advance

_____ I **do** have a travel advance from my agency or State Treasurer

_____
Signature of Traveler

_____
Agency Approval

Transportation Codes:

P - Plane
PP - Private Plane
PC - Private Car
X - Passenger in Car
PT - Public Trans: Subway, City Bus
SC - State Car: Motor Pool or Agency Car
OT - Other*: Limousine, Taxi, Shuttle, Rental Car, Inter-City Bus, Railroad

Miscellaneous Codes:

A - ATM Fees*
I - Incidental Expense

Traveler is:

_____ State Officer or Employee
_____ Board or Commission Member
_____ Independent Contractor Whose Contract Provides for Travel

Date	Destination and Purpose of Each Trip	Travel Time		Transportation			Miscellaneous Expenses		Daily Expenses				Total For Day
		Started	Ended	Code	PC/PP Mileage	Cost	Code	Cost	Meals B	Meals L	Meals D	Lodging	
Less Travel Advance Received from the Traveler's Agency or State Treasurer:													
Balance Due to Traveler:													

***Receipts are required for:**
"Other" transportation expenses
ATM and bank transactions
Out-of-state hotel & transportation expenses

Traveler is personally liable for repaying advances and Travel Card charges.

This form is used for the State to reimburse the traveler and must be submitted within one month of completion of travel unless prohibited by exceptional circumstances (SAM 0220.0).

Form: TE
Revised: Jan. 2002