## State of Nevada

## TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name					i deciare	-					-	-	
Social Security Number					this is a tr statutes a	and the S	tate Adm	inistrativ	e Manua		•	•	
Department & Division  Official Station				-	I do not have a travel advance  I do have a travel advance from my agency or S								
				-	Signature of Traveler								
<u>Transportation Codes:</u> P - Plane X - Passenger in Car							Ą	gency Ap	oproval				
PP - Private PC - Private OT - Other <sup>a</sup> <u>Miscellaneo</u> A - ATM Fee	e Car SC - State Car: M t: Limousine, Taxi, Shuttle, Renta us Codes:	lotor Pool or al Car, Inter-C	Agency Car	•	Traveler is:	:	State Offi Board or Independ Provides	Commiss lent Contr	ion Memb		tract		
	Destination	Tra	avel	Т	ransportati	on	Miscella	aneous		Daily E	xpenses		
	and	Time			PC/PP		Expenses					Lodging	
Date	Purpose of Each Trip	Started	Ended	Code	Mileage	Cost	Code	Cost	В	L	D		
											Ì		
Total of t	his Claim	-	-	-		-	-			-	•	-	
	vel Advance Received f	rom the T	raveler's	Agenc	v or Stat	e Treas	surer:						
	Due to Traveler:			3									

## \*Receipts are required for: "Other" transportation expenses

ATM and bank transactions **Dut-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

Total
For
Day