APPENDIX G8

State of Nevada

TRAVEL EXPENSE REIMBURSEMENT CLAIM

(SEE STATE ADMINISTRATIVE MANUAL 0200 FOR TRAVEL REGULATIONS)

Name _____

Home Address _____

_____

Vendor # _____

Official Duty Station (City) _____

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.

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

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

_____

Signature of Traveler
(Sign in **BLUE** ink)

_____

Supervisor Approval

Transportation Codes:

P - Plane
X - Passenger in Car
PP - Private Plane
PT - Public Trans: Subway, City Bus
PC - Private Car
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 (From/To/Return) and Purpose of Each Trip	Travel Time		Transportation			Miscellaneous Expenses		Daily Expenses				Total For Day
									Meals			Lodging	
		Started	Ended	Code	Mileage	Cost	Code	Cost	B	L	D		
					$ 0.510								
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
					Totals:	0.00		0.00	0.00	0.00	0.00	0.00	

Total of this Claim	0.00
Less Travel Advance Received from the Traveler's Agency or State Treasurer:	0.00
Balance Due to Traveler:	0.00

***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 prhoibited by exceptional circumstances (ASM 0220.0).