STATE OF NEVADA
NEVADA DIVISION OF STATE PARKS

TRAVEL CLAIM

Name _____

Employee ID# _____

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.

_____
Signature of Employee date

_____
Signature of Supervisor date

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, Airport parking

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

Attach documentation

Date	Destination and Purpose of Each Trip	Travel Time		Transportation			Miscellaneous Expenses		Daily Expenses				Total For Day
									Meals			Lodging	
		Started	Ended	Code	PC/PP Mileage	Cost	Code	Cost	B	L	D		
													0.00
													0.00
													0.00
													0.00
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													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
													0.00
Total of this Claim													0.00

***Receipts are required for:**

"Other" transportation expenses.
ATM and bank transactions.
In-State and Out-of-state lodging expenses up to the applicable GSA rate
Meals claimed over the CONUS rate up to the applicable GSA rates.

Refer to State Parks Policy #10-1 for guidelines

ADM-8
Nov 08