

College of Southern Nevada

CLAIM FOR EMPLOYEE TRAVEL EXPENSE

Controller's Office Use Only

Date: _____
 Employee ID No: _____
 Name and Title: _____

 Mail Sort Code/Ext: _____

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 best conformance with the governing statutes and the rules and regulations as promulgated by the Board of Examiners.

I do I do not have a travel advance

Method of Travel

P—Plane AV— Agency Vehicle L—Limousine
 B—Bus PC—Private Car T—Taxi
 RR—Rail X—Passenger in Car RC—Rental Car

 Claimant Signature Required Date

Date	Detail List Purpose of Each Trip	Method of Travel	Time		Trip Mileage	Trans- portation Costs	Daily Expense Requirements				Travel for Day	
			Depart	Return			Meals		Lodging/			
							B	L	D	Other		

Total: \$ _____

Approved by Dean/Director	Date	Approved by Vice-President	Date
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DISTRIBUTION OF CHARGES							CLAIM SUMMARY	
FUND	AREA	ORGN	OBJ	SOBJ	LINE DESCR.	AMOUNT	Total of this Claim	
							Air Fare to Travel Agency	
							Prepaid Expenses	
							Balance of Claim	
							Advance Received	
							Balance Due Traveler	
							Balance Due University	
Total								
PURP				DEST				

Travel reimbursement requires approval by the Dean/Director **and** the Vice-President.