Adopted 09-13-07
Effective 09-14-07

# NYE COUNTY SCHOOL DISTRICT
## TRAVEL CLAIM

Website: www.gsa.gov

NAME AND MAILING ADDRESS

_____

_____

_____

Lodging — If USGSA Rates are exceeded, Superintendent/ Designee approval is needed.

**SPECIAL FUNCTION:**

**MILEAGE RATE ALLOWANCE**
Mileage (personal convenience)
Mileage (district convenience) See www.gsa.gov

Special Fund Yes ____ No ____ Specify Fund _____

*Receipts are still required for lodging reimbursements*

| DATE | TRAVEL TO | PURPOSE | START TIME | RETURN TIME | BREAKFAST | LUNCH | DINNER | LODGING | MILEAGE/ PARKING | MILEAGE RATE | INCIDENTALS | TOTAL |
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OVERALL TOTAL

I CERTIFY, to the best of my knowledge, the above information is true and correct.

_____
Claimant

APPROVED FOR PAYMENT

_____
Principal/Designee

_____
Superintendent

FORWARD ENTIRE FORM TO THE DISTRICT OFFICE WITH RECEIPTS STAPLED TO FORM. COMPLETE IN INK.

*White (District Office)* *Canary (Employee Copy)*