



1500 COLLEGE PARKWAY
ELKO, NV 89801

TRAVEL CLAIM FORM
In-State/Out of state Travel
NDE STATE LEADERSHIP PERKINS GRANT FUNDED

First Name: _____ Last Name: _____

Social Security # _____ Telephone: _____

Mailing Address:

City _____ Zip _____

Name of Event: _____ Location: _____

Date/Time Left Home: _____ Date/Time Returned Home: _____
(ATTACH DETAILED ITINERARY OF CONFERENCE/WORKSHOP, etc.)

State Rate, Receipts not required:

Receipts needed for:

of _____ Breakfast \$5.50 _____

Rental Car,
Shuttle or Taxi _____

#of _____ Lunch \$6.50 _____

Airfare _____

#of _____ Dinner \$ 14.00 _____

Parking _____

_____ Miles @ 37.5 cents or 18.75 cents _____

Total Amt. of Claim _____

_____ Lodging @ State rates (\$58.00) _____

(Different rate requires orig. receipts per State of NV travel procedures)

Signature of person making claim

Date

Signature of Grant Manager

Please attach receipts and mail or fax to:

Date: _____

Dept. of Education
Attn: Lisa Morigeau
700 E. Fifth Street
Carson City, NV 89701-5096
Phone: 775-687-9198
Fax: 775-687-9114

Account # to charge: _____

NDE Official Initials _____