

# UNIVERSITY OF NEVADA, RENO & NSHE CLAIM FOR EMPLOYEE TRAVEL EXPENSE

(See State Administrative Manual 0200 for Travel Regulations)

Controller's Office Use Only

Date: \_\_\_\_\_

Employee ID: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

Official Station/MailStop: \_\_\_\_\_

Travel Request Number: \_\_\_\_\_

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 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

\_\_\_\_\_  
Traveler's Signature (Required) Date

\_\_\_\_\_  
Supervisor's Signature (Required) Date

\_\_\_\_\_  
Additional Signature (If Required) Date

**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 |

**Disposition of Check:**

Cashier's Office Campus Mail Stop



Date	List Purpose and Location of Trip	Method of Travel	Depart Time	Return Time	Trip Mileage	Travel Costs	Meals			Other/Lodging	Total Amount Paid	Amount Paid By UNR PCard
							B	L	D			

Note: Please document any unusual circumstances that may further support this travel claim.

**Total: \$**

DISTRIBUTION OF BALANCE OF CLAIM							CLAIM SUMMARY	
Fund	Area	Orgn	Obj	Sobj	Description	Amount	Total of Claim	
							PCard Expenses	
							Prepaid Expenses	
							Balance of Claim	
							Advance Received	
							Balance Due Traveler	
							Balance Due University	