



**NON-AGENCY PERSONNEL TRAVEL CLAIM FORM  
In-State (and out-of-state) Travel**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Physical address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Date/Time Left Home: \_\_\_\_\_ / \_\_\_\_\_

Date/Time Returned Home: \_\_\_\_\_ / \_\_\_\_\_

**Receipts not required:**

**Receipts needed for:**

#of Breakfasts: \_\_\_\_\_ x \$6.50 = \_\_\_\_\_ (working before 6:30 a.m.) Rental Car, Shuttle or Taxi \_\_\_\_\_

#of Lunches: \_\_\_\_\_ x \$7.50 = \_\_\_\_\_ (working between 11:30 & 1:30) Airfare \_\_\_\_\_

#of Dinners: \_\_\_\_\_ x \$14.00 = \_\_\_\_\_ (working after 6:30 p.m.) Parking \_\_\_\_\_

Registration/Dues \_\_\_\_\_

Mileage: #of miles \_\_\_\_\_ x .485 cents = \_\_\_\_\_ **(Physical address required)**

Lodging: #of nights: \_\_\_\_\_ x Federal rate: \_\_\_\_\_ = \_\_\_\_\_ **(Receipts required)**

**Total amount of this claim:** \_\_\_\_\_

\_\_\_\_\_  
**Signature of person making claim**

\_\_\_\_\_  
Authorized Nevada FCCLA Signature

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

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

Please attach receipts and mail to:

NDE Official Initials: \_\_\_\_\_

Karen Chessell  
Dept. of Education  
755 North Roop Street, Suite 201  
Carson City, NV 89701-5096  
Phone: 775-687-7298  
Fax: 775-687-8636

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