## Report of Official Expenses Elko County School District In-State and Out of State Travel Meal, Mileage and Lodging Reimbursement Form

THIS FORM **MUST** BE SUBMITTED WITHIN 30 DAYS OF A SINGLE TRAVEL EVENT OR THE MONTH-END FOR REGULAR AND CONTINUING TRAVEL OR THE CLAIM WILL BE DENIED.

Name:			
Purpose of Trip:			
Date of Departure	Time of Departure:	Date of Return:	Time of Return:
(* Upon Administrativ prior authorization is req not available.	o When District Car is Available: to When District Car Is Not Available ve Approval) *Travel to be accomplishe uired in cases where exceptions are made.	d in school owned vehicle in ev Please attach documentation i	ery instance possible. Specific
**To receive breakfast  **To receive lunch	Person starts travel status on or prior to 6:30 A.M. Person terminates travel status on or after 8:30 A.M.  Person starts travel status on or prior to 11:30 A.M. Person terminates travel status on or after 1:30 P.M.	1. Ticket for Travel 2. Hotel 3. Meals	
**To receive dinner	Person starts travel status on or prior to 4:30 P.M. Person terminates travel status on or after 6:30 P.M.	4. Other Expenses  Total Items 1-4	
Days Per Diem:	RATES GSA	CONUS	
**Lunch @  **In/Out State Dinner @		or \$15.00 = or \$31.00 = or \$96.00 =	
		Grand Total	
	e foregoing is a true and correct amou		
		Signature of Claima	ant
I hereby certify that the	e foregoing trip was authorized as nec	essary for the operation of c	our school program:
		Signature of Princip	pal:
Administrative Office Approval:		Approved By	