NEVADA JOINT UNION HIGH SCHOOL DISTRICT
MILEAGE AND INCIDENTAL EXPENSES CLAIM

NAME: **SIGNATURE:** **DATE:**

DATE	DESTINATION (TO/FROM) PURPOSE OF TRIP	MILES DRIVEN	DATE	INCIDENTAL EXPENSES/DESCRIPTION **MUST include ORIGINAL Receipts**	RECEIPT AMOUNT
				TOTAL INCIDENTAL EXPENSES $	
	TOTAL MILES DRIVEN			**X $0.545** (IRS 2018 Rate) **$**	
Vendor #:					
Claim #:				**TOTAL CLAIM $**	

PLEASE NOTE

Submit original receipts with reimbursable expenses only.
(DO NOT MIX WITH PERSONAL PURCHASES.)
Equipment purchases must be made using a District Purchase Order (PO)
All meetings require the following: Agenda, List of Attendees, and Receipts.
Submit within 30 days of incurring expenses.

ACCOUNT TOTAL $

ACCOUNT TOTALS $

APPROVAL:_____**DATE:**_____**APPROVAL:**_____**DATE:**_____

Department Head Principal