

**NEVADA JOINT UNION HIGH SCHOOL DISTRICT
MILEAGE AND INCIDENTAL EXPENSES CLAIM**

NAME:

SIGNATURE:

DATE:

DATE	DESTINATION (TO/FROM)	MILES DRIVEN	DATE	INCIDENTAL EXPENSES/DESCRIPTION <i>*MUST include ORIGINAL Receipts*</i>	RECEIPT AMOUNT
	PURPOSE OF TRIP				
TOTAL MILES DRIVEN				TOTAL INCIDENTAL EXPENSES \$	
				X \$0.56 (IRS 2021 Rate) \$	
Employee #:					
Claim #:			TOTAL CLAIM \$		



*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 \$

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ACCOUNT TOTALS \$

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APPROVAL: _____ DATE: _____ APPROVAL: _____ DATE: _____
Department Head
Principal