NEVADA JOINT UNION HIGH SCHOOL DISTRICT MILEAGE AND INCIDENTAL EXPENSES CLAIM

NAME: SIGNATURE: DATE:

TOTALVIE.		SIGNATORE.		DAIL:		
DATE	DESTINATION (TO/FROM)	MILES	DATE	INCIDENTAL EXPENS		RECEIPT
	PURPOSE OF TRIP	DRIVEN		*MUST include OR	IGINAL Receipts*	AMOUNT
				TOTAL INCIDEN	TAL EXPENSES \$	
					·	
	TOTAL MILES DRIVEN			X \$0.625	(IRS 2023 Rate) \$	
Employee #:						
Claim #:				TOTAL CLAIM \$		
Submit original receipts with reimbursable expenses only.						
(DO NOT MIX WITH PERSONAL PURCHASES.)						
PLEASE Equipment purchases must be made using a District Purchase Order (PO)						
NOTE All meetings require the following: Agenda, List of Attendees, and Receipts. Submit within 30 days of incurring expenses.						
				ACCOUNT TOTAL \$		
ACCOUNT TOTALS\$						
APPROVAL:		DATE:	API	PROVAL:	DATI	E:

Department Head Principal