NEVADA JOINT UNION HIGH SCHOOL DISTRICT MILEAGE AND INCIDENTAL EXPENSES CLAIM

NAME: SIGNATURE: DATE:

IVAIVIE.		SIGITATIONE.		DATE:		
DATE	DESTINATION (TO/FROM)	MILES	DATE		NSES/DESCRIPTION	RECEIPT
	PURPOSE OF TRIP	DRIVEN		*MUST include O	RIGINAL Receipts*	AMOUNT
				TOTAL INCIDE	NTAL EXPENSES \$	
					γ =	
	TOTAL MILES DRIVEN			X \$0.58	5 (IRS 2022 Rate) \$	
Employ	ee #:					
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) All meetings require the following: Agenda, List of Attendees, and Receipts.						
Submit within 30 days of incurring expenses.						
ACCOUNT TOTAL\$						
				ACCOUNT TOTAL		
ACCOUNT TOTALS \$						
APPROVAL:		DATE:	ΛDI	PROVAL:	DATI	
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Department Head Principal