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 \$0.655 (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\$					
				AGGGWI TOWLY	$\Box\Box$
ACCOUNT TOTALS \$					
ADDDOVAL. ADDDOVAL. DATE.					

Department Head Principal