



1500 COLLEGE PARKWAY
ELKO, NV 89801

NON-AGENCY PERSONNEL TRAVEL CLAIM FORM In-State (and out-of-state) Travel

First Name: _____ Last Name: _____

Telephone: _____

Mailing Address: _____

City _____ State _____ Zip _____

Name of Event: _____ Location: _____

Date/Time Left Home: _____ Date/Time Returned Home: _____
(ATTACH DETAILED ITINERARY OF CONFERENCE/WORKSHOP, etc.)

State Rate, Receipts Required for Students:

Receipts Needed for:

of Breakfasts: _____ x \$13.00 = _____

Shuttle or Taxi _____

of Lunches: _____ x \$14.00 = _____

Airfare/Baggage fee _____

of Dinners: _____ x \$23.00 = _____

Parking _____

(Above rates are for Nevada locations without specified rates)

Registration/Dues _____

Stipend _____

Mileage: # of Miles _____ x .575 cents or .2875 cents = _____

Lodging: # of nights: _____ x State/(out-of-state approved) rate: \$96.00 = _____
(Receipts required) (plus tax)

**Mileage rates change every calendar year.

**Per diem rates change every October 1st.

Total amount of this claim: _____

Traveler's signature Date

Authorized GBC Signature

Please attach receipts and return to:

Date: _____

Attn: _____
Great Basin College
1500 College Pkwy
Elko, NV 89801
Phone: (775) 753-_____
Fax: (775) _____

Account# to charge: _____