



1500 COLLEGE PARKWAY  
ELKO, NV 89801

## NON-AGENCY PERSONNEL TRAVEL CLAIM FORM

In-State (and outof-state) Travel

First Name: \_\_\_\_\_ LastName: \_\_\_\_\_

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 I R U 6 W X G H Q W V: 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 rate)

Registration/Dues \_\_\_\_\_

Stipend \_\_\_\_\_

Mileage: # of Miles \_\_\_\_\_ x .575 cents or .875 cents= \_\_\_\_\_

Lodging: # of nights: \_\_\_\_\_ x State/(out of-state approved) rate: \$96.00 = \_\_\_\_\_

(Receipts required) (plus tax)

Total amount of this claim: \_\_\_\_\_

\_\_\_\_\_  
7 U D Y H O H U ¶ V V L J Q D W . Date

\_\_\_\_\_  
Authorized GBC Signature

Please attach receipts and return to:

Date: \_\_\_\_\_

Attn: \_\_\_\_\_  
Great Basin College  
1500 College Pkwy  
Elko, NV 89801  
Phone: (775) 53-\_\_\_\_\_  
Fax: (775) \_\_\_\_\_