



Nevada HOSA State Officer  
Department of Education  
755 N Roop Street, Ste. 201  
Carson City, Nevada 89701

**TRAVEL CLAIM FORM**  
**In-State/Out-of-state (Must have approval ahead of time)**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security #: \_\_\_\_\_ -- \_\_\_\_\_ -- \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Name of Event: \_\_\_\_\_ Location: \_\_\_\_\_

Date/Time Left Home: \_\_\_\_\_/\_\_\_\_\_

Date/Time Returned Home: \_\_\_\_\_/\_\_\_\_\_

(INCLUDE DETAILED AGENDA OF CONFERENCE/WORKSHOP, ETC.)

**Receipts required:**

\_\_\_\_\_ Breakfast (s) x \$7.00 = \_\_\_\_\_

\_\_\_\_\_ Lunch(es) x \$7.00 = \_\_\_\_\_

\_\_\_\_\_ Dinner(s) x \$14.00 = \_\_\_\_\_

\_\_\_\_\_ Incidentals x \_\_\_\_\_ = \_\_\_\_\_

**Receipts needed for:**

Rental Car, Shuttle  
or Taxi \_\_\_\_\_

Airfare \_\_\_\_\_

Parking \_\_\_\_\_

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

Receipts (Fuel) \_\_\_\_\_ Totals

Lodging: #of nights \_\_\_\_\_ x GSA approved rates: \_\_\_\_\_ = \_\_\_\_\_

**(Hotel receipts required for all travel)**

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

\_\_\_\_\_  
**Signature of claimant**

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

\_\_\_\_\_  
**Authorized Signature**

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

Please attach original receipts and mail to:

**Note: Claim must be submitted two weeks after travel or no reimbursement is available.**

Janice Argentiero  
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Carson City, NV 89701  
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Fax: 775-687-8636

NDE Official Initials: \_\_\_\_\_