

Supreme Court of Nevada Expenditure Request for Education, Training or Travel

Name: _____

Title: _____

Court: _____

Dept/Div: _____

Sponsor: _____

Event Dates: From: _____ To: _____

Destination: _____

Travel Dates: From: _____ To: _____

Name of Event:*(Attach event brochure or agenda, if applicable)***JUSTIFICATION:** *(Explain how this travel or attendance at this event will benefit you and/or your court)*

CLE

CJE

CEU

REQUIRED COURSE

ELECTIVE COURSE*

BOARD/COMM MEMBER*

***ELECTIVE COURSES & BOARD/COMM MEMBER EXPENSES CANNOT EXCEED A COMBINED \$2,000 IN THE STATE FISCAL YEAR**

1. Registration/Tuition/Conference Fee total *(requires a receipt and a certificate of attendance to be reimbursed):* 7302

2. TRAVEL RELATED COSTS [Link to GSA website for rates](#)

Incidentals (*\$5.00 per day, no receipt required*) # of days 6001

Enter # of days the meal expense will be incurred and select GSA rate from drop down

Breakfast: # of days GSA Rate:

Lunch: # of days GSA Rate:

Dinner: # of days GSA Rate: Meal Total: 6X00

Lodging (*Requires receipt to be reimbursed*) GSA rate + taxes & fees: # of Nights: 6X05

Ground Transportation (*Car rental, shuttle, taxi, ride share, etc. Requires a receipt to be reimbursed*): 6X30

Motor Pool (*State employees only. Estimate \$29 per day + .17/mile*): # of Days # of Miles: 6210

Mileage enter # miles (*calculated at the State rate*): # of Miles: 6X40

Parking (*Requires a receipt to be reimbursed*): # of Days: 6X41

Airfare (*refer to travel policy for reimbursable fares*): 6X50

Other travel description & cost:

State employees only: Is an advance for the costs of 2 or more nights of lodging & ground transportation requested? Yes No

3. TOTAL ALL COSTS:

APPROVALS: SIGN AND DATE

1. Requestor _____

4. Budget Review: _____

2. Supervisor/Manager _____
*(if applicable)**Expenditure coding:* _____3. Deputy Director _____
*(if applicable)*5. Final Approval: _____
On behalf of: _____