

University of Nevada, Reno

Claim for Student Team/Group Travel Expenses

Employee/Student ID Number:

Dept/Mail Stop:

Name (Employee/Student):

Type of Team/Name of Group:

Location of Travel:

Departure Date:

Departure Time:

Return Date:

Return Time:

Number of Students:

Number of Staff:

Summary of Expenditures

Mode of Transportation:

Cost:

Mode of Transportation:

Cost:

Meals, Lodging and Miscellaneous

<u>Dates:</u>						<u>Totals</u>
Breakfasts						
Lunches						
Dinners						
Student Allowances						
Staff Member Allowances						
Lodging						
Other						
Other						
Other						
Other						
Totals						

Total Amount of Claim : _____

Prepaid Airfare : _____

Purchasing Card Expenses: _____

Other Prepaid Expenses : _____

Balance Of Claim : _____

Advance Received : _____

Balance Due Staff Member/Student : _____

Balance Due University : _____

Adv # or Request # _____

Account Distribution:

Description	Fund	Agency	Org	Object	Sub-Object	Amount
Total Authorized						

Signature of Employee/Student

Printed Name of Authorized Signer

Signature of Authorized Signer

Signature of V.P./Dean/Department Chair/Director

NOTE - If meals or meal allowances are included above, please attach Form VP-F22 (Receipt for Team Travel Expense List).