


**CONTRACTOR CLAIM FOR TRAVEL EXPENSE**

Grantee: \_\_\_\_\_ Grant Number: \_\_\_\_\_

Address: \_\_\_\_\_ Project: \_\_\_\_\_

This completed signed form, accompanying receipts, and proof of payment to the contractor, must be provided by the grantee to the State Historic Preservation Office for CCCHP fund reimbursement to the grantee.

Date	Destination and Purpose	Travel Time		Total Mileage	Rate	Total Mileage Cost	GSA Rates (Per Diem)					Total Per Diem	Total
		Enter Travel	End Travel				B	L	D	\$5*	Lodging		
<b>Total</b>							<b>Total</b>						

**Receipts** required: Lodging, Transportation, Airport Parking, Public Transportation, & Other Fees.

**Travel Time** is used to determine Per Diem eligibility and is outlined on-line. For example, if travel begins at noon, B -breakfast is not eligible to be claimed.

\*Incidentals are \$5 for each night lodging is claimed.

<b>Airport Parking</b>	
<b>Transportation</b> (Airfare, Taxi, Rental)	
<b>Public Transportation</b> (Public Bus)	
<b>Other</b> (ATM, Fees)	
<b>Total Claim</b>	

Travel Claim Total Summary	
Personal Vehicle	
Per Diem	
Transportation	
Other Costs	
<b>Total Claim</b>	

I declare under penalties of perjury that to the best of my knowledge this is a true and correct claim in conformance with the governing statutes and the State Administrative Manual and its updates.

 \_\_\_\_\_  
**Signature of Contractor**

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

 \_\_\_\_\_  
**Name of Contractor Traveling**

 \_\_\_\_\_  
**Duty Station**

 \_\_\_\_\_  
**Project Director Signature**

 \_\_\_\_\_  
**Total Claim**

**Mileage Rates** Contact SHPO for rate  
**GSA Per Diem Rates** <https://www.gsa.gov>  
**State Administrative Manual** (Travel 0200)  
<https://budget.nv.gov/uploadedFiles/budget-nvgov/content/Governance/SAM.pdf>