## STATE OF NEVADA

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# MEMORANDUM

DATE: August 23, 2018

TO: Nevada Silver Haired Legislative Forum (NSHLF)

FROM: Patrick B. Ashton, Senior Policy Analyst, Forum Coordinator, Research Division

SUBJECT: Agenda Item VIII: Informational Items Provided in Response to Questions Raised

at the July 10, 2018, Forum Meeting

## VIII D. TRAVEL REIMBURSEMENT CLAIMS FOR FORUM MEMBERS

Pati Stefonowicz, Accountant, Legislative Counsel Bureau (LCB), provided the following instructions to assist NSHLF members with their travel reimbursement claims:

- **Expense Claim Form:** Complete the date/time of departure and date/time of return and sign the form. The travel time should be starting when you depart from your home or office until your return.
- **Travel:** Attach all receipts to the form or scan and e-mail the receipts to Pati Stefonowicz pati.stefonowicz@lcb.state.nv.us. Alternatively, you can give the receipts and forms to a NSHLF staff member in Carson City or Las Vegas. Receipts are required for lodging, airfare, rental car, public transportation, parking, etc. No receipts are necessary for meals.
- **Mileage:** The current mileage rate is \$0.545, effective since January 1, 2018. The rate is updated annually. Note the round-trip mileage on the Expense Claim Form; the mileage reimbursement will be calculated by the LCB Accounting Unit.
- **Per Diem** is based on the meeting location per General Services Administration rules. Reimbursement times are as follows:
  - Breakfast —leave home at 7:00 a.m. or earlier;
  - Lunch—leave home at or before 11:00 a.m. and return home at or after 1:00 p.m.; and
  - Dinner hours—return home at or/after 7:00 p.m.

Agenda Item VIII A-5 (SILVER)

Meeting Date: 08-23-18

## **Example:**

Jane Doe, a Forum member, travels 230 miles with her own car to attend the meeting in Las Vegas on August, 23, 2018. She leaves her home at 5 a.m., attends the meeting, and returns home at 6:30 p.m. Jane will be reimbursed per diem for breakfast and lunch, but not dinner since she returned before 7:00 p.m. Additionally, she asks for 460 round trip mileage reimbursement.

## LEGISLATOR'S EXPENSE CLAIM FORM

Please complete this form as accurately as possible then sign and return the form to the Accounting Office where it will be completed.

Please attach copies of airline ticket, receipts, car rental forms, statements, etc.

| Title | and I | Name: | Jane l | Doe |
|-------|-------|-------|--------|-----|
|-------|-------|-------|--------|-----|

| Destination or Purpose of Travel: Nevada Silver Haired                                                                      | l Legislative Forum mee | ing on August, 23, 2018 |   |
|-----------------------------------------------------------------------------------------------------------------------------|-------------------------|-------------------------|---|
| Departure Date: 8/23/18                                                                                                     | Time:                   | 5:00 a.m.               |   |
| Return Date: <u>8/23/18</u>                                                                                                 | Time:                   | 6:30 p.m.               |   |
| Number of days in attendance                                                                                                | e at meeting: <u>1</u>  |                         |   |
| METHOD (                                                                                                                    | OF TRAVEL: Fill in amou | nt:                     |   |
| Plane                                                                                                                       | Private Car (Mi         | eage) <u>460</u>        | - |
| Taxi                                                                                                                        | Parking                 |                         | - |
| Rental Car                                                                                                                  | Other Expenses          |                         | - |
| L <b>odging:</b><br>do declare a <i>reasonable room rate</i> for single room accommo                                        | odations of per r       | ight for nights(s)      |   |
| declare under penalties of perjury that this claim (including knowledge and believe is a true and correct claim in conforma |                         |                         |   |
| lane Doe                                                                                                                    | 8/2                     | 3/18                    |   |
| Signature (must be signed in ink by legislator)                                                                             | Dat                     | e                       |   |
|                                                                                                                             |                         | MI-                     |   |

|      |                 |                     |             |                |                 |                          |                | Meals |        |                |         |                |
|------|-----------------|---------------------|-------------|----------------|-----------------|--------------------------|----------------|-------|--------|----------------|---------|----------------|
| Date | Purpose of Trip | Method of<br>Travel | Depart Time | Return<br>Time | Trip<br>Mileage | Transpor-<br>tation Cost | Break-<br>fast | Lunch | Dinner | TOTAL<br>MEALS | Lodging | TOTAL<br>CLAIM |
|      |                 |                     |             |                |                 |                          |                |       |        |                |         |                |
|      |                 |                     |             |                |                 |                          |                |       |        |                |         |                |
|      |                 |                     |             |                |                 |                          |                |       |        |                |         |                |
|      |                 |                     |             |                |                 |                          |                |       |        |                |         |                |