

**PARENT/GUARDIAN TRAVEL LOG**

**Claimant:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
\_\_\_\_\_  
**Phone:** \_\_\_\_\_  
**Child:** \_\_\_\_\_

Travel will be paid at fifteen cents (\$.15) per mile for IEP authorized travel. Please submit on the last day of each month to ensure processing, otherwise reimbursement could be delayed. List dates, destination and purpose of travel below and return this form to:

Mr. Dennis Sheron  
Director of Special Services  
255 East Stillwater Avenue  
Fallon, Nevada 89407

| TRAVEL INFORMATION       |                         |         |        |
|--------------------------|-------------------------|---------|--------|
| DATE                     | DESTINATION AND PURPOSE | MILEAGE | AMOUNT |
|                          |                         |         |        |
|                          |                         |         |        |
|                          |                         |         |        |
|                          |                         |         |        |
|                          |                         |         |        |
|                          |                         |         |        |
| TOTAL REIMBURSEMENT..... |                         |         |        |

**Approval: Director of Special Services:** \_\_\_\_\_

**Assistant Superintendent:** \_\_\_\_\_