STATE OF ARIZONA DEPARTMENT OF EDUCATION SCHOOL DRISTRICT TRAVEL EXPENSE CLAIM

DISTRICT

TRAVELER:

Travel by (Check One): () Common Carrier Transportation (Attach Duplicate of Ticket) () Personal Car-License #_____ () Other ______ () School District Vehicle # _____

For the period from ______ to _____ to ______

				THE FO	LLOWING EXPEND	ITURES TO BE IT	EMIZED ON A	DAILY B.	ASIS			
	Departed from:		Arrived at:		Private Vehicle Mileage Odometer Reading			Subsistence				
Date	Place	Time	Place	Time	Start	End	Mileage	Meals	Lodging or Per Diem	Transportation	Other Allowable Expenses	Amount Claimed
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				_								
				_								
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									,			
Totals Rate Per Mile								-				
										-L	L	
Accounting Code:					_ Total Amount Claimed GRAND TOTAL					T		
					GRANI	TOTAL						

Purpose of Travel: ______

I hereby certify that the travel and/or per diem recorded herein was accomplished in the performance of official duties: that the information given is true in all respects and that no claim against the district has before been made any part thereof, or paid from any other source of funding.

Approval: