

**STATE OF ARIZONA
DEPARTMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM**

(District)

(Traveler)

Travel by (Check One): Common Carrier Transportation (Attach Duplicate of Ticket)
 Other _____

Personal Car — License No. _____
 School District Vehicle — Vehicle No. _____

For the period from _____ to _____

THE FOLLOWING EXPENDITURES TO BE ITEMIZED ON A DAILY BASIS

Date	Departed from		Arrived at		Private Vehicle Mileage			Subsistence		Transportation	Other Allowable Expenses	Amount Claimed	
	Place	Time	Place	Time	Odometer Reading		Mileage	Meals	Lodging or Per Diem				
					Start	End							
								Totals					
								Rate Per Mile	¢				
								Total Amount Claimed					
								GRAND TOTAL					

Accounting Code _____

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 for any part thereof, or paid from any other source of funding.

(Signature of Traveler) _____ (Date)

Approval: _____
(Signature of Authorized Official)