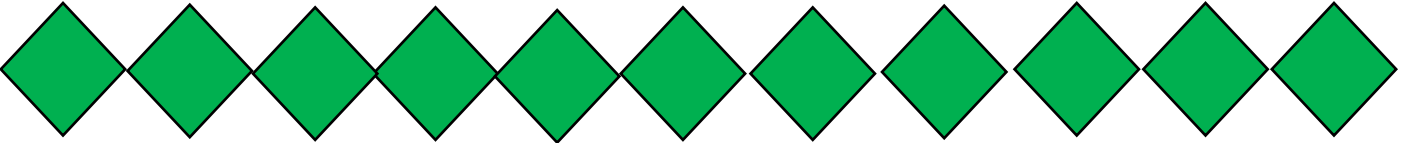




Travel Claim Reimbursement REQUIRED DOCUMENTS

- Travel Claim Form & Conference Completion Form
- Copy of Agenda
- Completed signed copy of Travel Authorization (TA)
- Original meal receipts that is descriptive. **No copy of credit card transactions!**
- Copy of Hotel Receipt
- Parking Fee Receipts
- Cab/Luggage Fee Receipts
- Flight ticket receipts

****NOTE: Travel claim reimbursement forms are due within
10 days upon your return.****



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

Tuba City Unified School District No. 15

District

Purchase Order Reference for Payment: _____

NAME: _____

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

Traveler TA # _____

() Personal Car - License No. _____

() School Vehicle
 Vehicle No. _____

Dates of Travel From: _____ To: _____

Date	Departed from		Arrival		Private Vehicle Mileage			Subsistence		Transportation	Other Allowable Expenses	Amount Claimed			
	Place	Time	Place	Time	Odometer Reading		Mileage	Meals	Lodging or per Diem						
					Start	End									
TOTAL:								\$	-	\$	-	\$	-	\$	-
Mile Rate:								Amount Advanced					\$	-	
Total Amount Claimed								\$	-	\$	-			\$	-

Accounting Code: _____

Purpose of Travel: _____

Signature of Traveler

Date

Approval: _____
Signature of Authorized Official

Date

Effective: July 20, 2011

Approval: _____
Signature of Superintendent/Business Manager

Date



Tuba City Unified School District No. 15

Workshop/Conference Completion Form

Traveler's Name: _____

TA#: _____

Title of Conference/Training/Workshop and Date(s):
(Attach copy of brochure, flyer, agenda or registration form)

Is Conference/Training/Workshop related to your present job position? If so, please justify how this conference/training/workshop will enhance your job performance.

Traveler's Signature

Supervisor Signature

Date

Date