

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

Tuba City Unified School District No. 15

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:** _____

Date	Departed from		Arrival		Private Vehicle Mileage			Subsistence		Transportion	Other Allowable Expenses	Amount Claimed
	Place	Time	Place	Time	Odometer Reading		Mileage	Meals	Lodging or per Diem			
					Start	End						
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
Total								\$ -	\$ -	\$ -	\$ -	\$ -
Rate per Mile								0.445				
Total Amount Claimed								\$ -				

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 respect 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

Date

Effective: April 19, 2010

Approval: _____

Signature of Superintendent/Business Manager

Date