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

Tuba City Unified School District No. 15								Purchase Order Reference for Payment:  NAME:  Traveler TA #					
Dates of Trav	vel From:			To:				_	Venici	e No			
		Private Vehicle Mileage							Subsistence Other				
Date	Departe Place	ed from Time	Arrival Place Time		Odometer Reading Start End		Mileage	Meals	Lodging or per Diem	Transporta		Amount	
	Place	Time	Place	Time	Start	Ena			per Diem	tion	Expenses	Claimed	lea
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TOTAL:							\$ -		\$ -	\$ -	\$	-	
			Mile Rate:						Amount A	Advanced	\$	-	
				Total Amou	unt Claimed			\$ -	\$ -		\$	_	
Accou	nting Code:					_ _		•					
Purpos	se of Travel:												
						Approval:							
Signature of Traveler					Date Approval: Sig			nature of Authorized Official				Dat	<u>.</u> е
	-												
Effective: July 20, 2011						Approval:	Signature	Signature of Superintendent/Business Manager					e