STATE OF ARIZONA
DEPARTMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

PAGE UNIFIED SCHOOL DISTRICT
_____   _____
(District)   (Traveler)

Travel by (Check One):   { } Common Carrier Transportation (Attach Duplicate of Ticket)   { } Personal Vehicle - license number:_____

{ } Other _____   { X } School District Vehicle - Vehicle No. _____

For the period from:_____

THE FOLLOWING EXPENDITURES TO BE ITEMIZED ON A DAILY BASIS

| Date | Departed from | | Arrived at | | Private Vehicle Mileage | | | Subsistence | | Trans portation | Other Allowable Expenses | Amount Claimed |
| | Place | Time | Place | Time | Odometer Reading | | Mileage | Meals | Lodging or Per Diem | | | |
					Start	End						
							Totals					

TRAVEL: Rate Per Mile

Accounting Code:_____   Total Amount Claimed

                                                             GRAND TOTAL

Purpose of Travel:_____

Comments:_____

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.

_____   _____   Approval: _____

(Signature of Traveler)   (Date)   (Signature of Authorized Official)   (Date)