STATE OF ARIZONA
DEPARTMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

COLORADO CITY UNIFIED SCHOOL DISTRICT #14
(District)

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(Traveler)

Travel By *(Check One):* [ ] Common Carrier Transportation *(Attach Duplicate of Ticket)* [ ] Personal Car-License No. ____________

[ ] Other ______________________ [ ] School District Vehicle - Vehicle No. ____________

For period: ____________ to ____________

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
					Odometer Reading							
	Place	Time	Place	Time	Start	End	Mileage	Meals	Lodging or Per Diem			
Totals												
Rate Per Mile							0.405					
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.

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(Signature of Traveler) (Date)

Approval: ______________________________
(Signature of Authorized Official)