STATE OF ARIZONA
DEPARTMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

Adapted by;

Wilson School District #7 **P.O. #** _____ _____
(Traveler)

If Applicable: Reference P.O. issued for Air travel:_____ P.O. for Conference:_____

Travel by *(Check One)* : [ ] Common Carrier Transportation *(Attach Duplicate of Ticket)* [ ] Personal Car-License No. _____
[ ] Other_____ [ ] School District-Vehicle No. _____

For the period from:_ _____ to_____ Board approval date:_____ Board approval Amount $_____

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	0					
			Effective Nov. 15, 2006			Rate Per Mile	0.445					
Accounting Code: _____						Total Amount Claimed	0	0	0	0	0	

Purpose of Travel: _____

I hereby certify that the travel and/or per diem recorded herein was required in the performance of official duties; that the information is true in all respects and that no claim against the district has been made for any part thereof, or paid from any other source of funding.

_____ Approval: _____
(Signature of Traveler) (Date) (Signature of Authorized Official--Principal or Administrator)