STATE OF ARIZONA
DEPARMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

Balsz School District
(DISTRICT)

(TRAVELER)

FOR THE PERIOD FROM _____ TO _____

TRAVEL BY (CHECK ONE):
- ☐ *COMMON CARRIER TRANSPORTATION* *(ATTACH DUPLICATE OF TICKET)*
- ☐ *PERSONAL CAR LICENSE NO.*
- ☐ *SCHOOL DISTRICT VEHICLE-VEHICLE NUMBER*
- ☐ *OTHER*

PURPOSE OF TRAVEL: _____

THE FOLLOWING EXPENDITURES TO BE ITEMIZED ON A DAILY BASIS

DATE	DEPARTED FROM PLACE	DEPARTED FROM TIME	ARRIVED AT PLACE	ARRIVED AT TIME	PRIVATE VEHICLE MILEAGE ODOMETER READING START	END	MILEAGE	SUBSISTENCE MEALS	SUBSISTENCE LODGING OR PER DIEM	TRANSP. (Exp. Tax, Uber)	OTHER ALLOWABLE EXPENSES	AMOUNT CLAIMED
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
												$0.00
						Sub Total:	*0.00*				Meals Total:	$0.00
						Rate Per Mile:	*$ 0.6700*					
						Miles Total:	$ -					

GRAND TOTAL:	**$ -**

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 of any part thereof, or paid from any other source of funding.

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

Accounting Code: _____