

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

St. David Unified School District #21

(District)

(Traveler)

Travel by (Check One): Common Carrier Transportation (Attach Duplicate of Ticket) Personal Car - License No: _____

Other: _____ School District Vehicle - Vehicle No: _____

For the period from: _____ 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
	Place	Time	Place	Time	Odometer Reading		Mileage	Meals / Per Diem	Lodging or Per Diem			
					Start	End						
							Totals					
							Rate Per Mile					
							Total Amount Claimed					

Accounting Code: _____

Purpose of Travel: _____

I hereby certify that the travel and/or per diem recorded herein was accomplished in the performance of official district business. 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. Plus the private vehicle if used, is covered by liability insurance.

(Signature of Traveler)

(Date)

Approval: _____
(Signature of Authorized Official)

Arizona Rates	Phoenix	Tucson	Prescott
Breakfast	\$12	\$11	\$13
Lunch	\$15	\$13	\$16
<u>Dinner</u>	<u>\$32</u>	<u>\$30</u>	<u>\$35</u>
MAX	\$59	\$54	\$64