STATE OF ARIZONA DEPARTMENT OF EDUCATION SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

	St. David Uni	fied Schoo	ol District #21									
		(District)							(Traveler)			
Travel by (C	heck One):	[🔲 Commo	n Carrier Transportati	on (Attach Du	plicate of Tic	ket)	[] Pers	onal Car - L	icense No:			
		[] Other:					[🔲 Scho	ol District V	ehicle - Vehio	cle No:		
For the perio	od from:		to									
			THE FOLLOWING		IRES TO BE		N A DAIL	Y BASIS				
					Private	Vehicle Mile	ade	Subs	istence		Other	
	Departed fi	rom	Arrived a	at		r Reading		Meals /	Lodging or	Trans-	Allowable	Amount
Date	Place	Time	Place	Time	Start	End	Mileage	Per Diem	Per Diem	portation	Expenses	Claimed
		-										
		+										
						Totals						
					F	ate Per Mile						
					Total Amo	unt 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 vehcile if used, is covered by liability insurance.

					Approval:	
(Signature of Traveler)					(Date)	(Signature of Authorized Official)
Arizona Rates	Phoenix	Tucson	Prescott	Sedona		
Breakfast	\$12	\$11	\$13	\$13		
Lunch	\$15	\$13	\$16	\$16		
<u>Dinner</u>	<u>\$32</u>	<u>\$30</u>	<u>\$35</u>	<u>\$35</u>		
MAX	\$59	\$54	\$64	\$69		Rev