STATE OF ARIZONA
DEPARTMENT OF EDUCATION

SCHOOL DISTRICT TRAVEL EXPENSE CLAIM FORM

Queen Creek Unified School District, No. 95 _____
(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
					Odometer Reading		Mileage	Meals	Lodging or Per Diem			
	Place	Time	Place	Time	Start	End						
Totals this page												
Totals from Page 2												
SUBTOTAL												
						Rate Per Mile	.445¢					
Accounting Code: _____						Total Amount Claimed						
GRAND TOTAL												

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.

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

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		Mileage	Meals	Lodging or Per Diem			
	Place	Time	Place	Time	Start	End						
Totals												
							Rate Per Mile	.445¢				
Accounting Code: _____							Total Amount Claimed					
TOTAL TRANSFERRED TO PAGE 1												