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
					Odometer Reading							
	Place	Time	Place	Time	Start	End	Mileage	Meals / Per Diem	Lodging or Per Diem			
							-					-
							-					-
							-					-
							-					-
							-					-
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							-					-
							-					-
							-					-
						Totals	-	-	-	-	-	-
						Rate Per Mile	0.445					
						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 vehcile if used, is covered by liability insurance.

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

Arizona Rates	Phoenix	Tucson	Prescott
Breakfast	10	10	11
Lunch	13	12	14
Dinner	26	24	29

ADE 41-510, Rev. 6/82

Revised 10/28/15