DEPARTMENT OF EDUCATION
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

Prescott Unified School District
(District)

(Traveler)

Travel by: [ ] Common Carrier Transportation (*Attach Duplicate of Ticket)*
[ ] Other _____

[ ] Personal Car - License No. _____
[ ] School District Vehicle - Vehicle No. _____

For the period from _____ to _____

THE FOLLOWING EXPENDITURES TO BE ITEMIZED ON A DAILY BASIS

Date	Depart from		Arrived at		Private Vehicle Mileage				Subsistence		Trans-portation	Other Allowable Expenses	Amount Claimed
					Odometer Reading								
	Place	Time	Place	Time	Start	End	Mileage	B,L,D	Meals	Lodging or Per Diem			
						Totals							
						Rate Per Mile	$0.445						
						Total Amount Claimed							
						Grand Total							

Accounting Code:_____

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)

Approval: _____
(Signature of Authorized Official)

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