

**SANTA CRUZ ELEMENTARY SCHOOL DISTRICT #28**

**TRAVEL CLAIM FORM**

Purpose: Record expenses related to Travel for the SCESD#28. Meal expenses will be taxable income if there is no qualifying overnight stay.  
 Instructions: Complete form if you have conducted Travel for the SCESD#28 and are in need of reimbursement.  
 Return completed form to the Business Office for review and authorization. Attach copies of conference information. Same day trips, attach meal receipts.

Employee Name: Callie Slade Duty Post Address: 7 Duquesne Rd. Nogales, AZ

Employee Residence Cross Streets and City: Rio Rico , AZ Driver License No.: B13676196

Purpose of Travel / Description: Vehicle Type: District \_\_\_\_\_ Rental \_\_\_\_\_ Personal X\_\_\_\_\_

Travel Date	Departed Time	Departed From	Arrival Time	Arrived At	Overnight Stay	Odometer Start	Odometer End	Miles	Miles X Rate =.445	Meals	Lodging	Other Expenses	Total

Overnight Stay Explanation:	Less Commuted Miles:											
	Totals from Above:											
	Grand Total Claimed: \$											-

I certify that this expenditure/transaction is for a valid purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further CERTIFY that I have reviewed and understand the District Travel Policy and that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official District business and that I am not requesting any reimbursements not allowed or not actually expended.

Traveler Signature: \_\_\_\_\_ Date: \_\_\_\_\_ P.O. Number: \_\_\_\_\_ Total Travel Claim: \_\_\_\_\_

As the Supervisor, I CERTIFY that the expenses claimed were incurred for authorized official District business and that they are correct and proper charges. I CERTIFY further that this expenditure is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I APPROVE the expenses as outlined above for reimbursement.

Supervisor Name: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_