SANTA CRUZ VALLEY UNIFIED SCHOOL DISTRICT NO. 35 **TRAVEL CLAIM FORM**	Instructions: Complete form, attached conference brochure and receipts for airfare, lodging, parking, car rental and public transportation. **Submit form to Business Office Attention: Danixa Plaza, Accounts Payable.**

Employee Name: | **Duty Post Address:**

Employee Residence Cross Streets and City: | **Driver License No.:**

Purpose of Travel/ Description: | **Vehicle Type: District____   Rental____   Personal____**

Travel Date	Departed Time	Departed From (physical address)	Arrival Time	Arrived At (physical address)	District Vehicle Available (Y/N)	Odometer Start	Odometer End	Miles	Miles X Rate =.445	Meals Enter Actual Amount or Maximum whichever is less	Lodging	Other Expenses	Transportation
								0	0				
								0	0				
									0				
								0	0				
								0	0				
									0				
									0				
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									0				
									0				

Explanation for internet and phone charges (if applicable):		**Less Commuted Miles:**		
	Totals from Above	0	0	0	0	0	0
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.	**Grand Total Claimed**	**$** **-**

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

As the Supervisor, I CERTIFY that the expenses claimed were incurred for auhtorized 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: