PARKER UNIFIED SCHOOL DISTRICT # 27
SCHOOL DISTRICT TRAVEL EXPENSE CLAIM

________________________________ (Department/Location)

________________________________ (Traveler)

Travel by (*Check One*):

[ ] Common Carrier Transportation (*Attach Duplicate of Ticket*)
[ ] Other ____________________

[ ] Personal Car - License # ____________________
[ ] District Vehicle - Vehicle # ____________________

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	Lodging or Per Diem			
						Totals						
						Rate Per Mile						
						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)

____________________ (Signature of Authorized Official)

ADE 41-510, Rev. 6/82