

Window Rock Unified School District No. 8  
State of Arizona  
Travel Claim Form

**Purpose:** Record expenses related to Travel for the State of Arizona. Meal expenses will be taxable income if there is no qualifying overnight stay.

**Instructions:** Complete form if you have conducted travel for the State of Arizona and are in need of reimbursement.

**Return completed form to Business Office within (5) days after return travel date.**  
**The reimbursement for travel will be processed during the normal payroll cycle.**

Employee Name: \_\_\_\_\_ Site/Department: \_\_\_\_\_ Phone#: \_\_\_\_\_

PO#: \_\_\_\_\_ TA#: \_\_\_\_\_ Other: \_\_\_\_\_ School Unit #: \_\_\_\_\_

Purpose of Trave/Description:

Vehicle Type: State Rental Passenger Personal

Travel Date	Departed Time	Place Departed From	Arrival Time	Place Arrived At	Overnight Stay	Odometer Start	Odometer End	Miles	Miles x Rate=\$\$	Meals	Lodging	Other Expenses
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			
									\$			

Overnight Stay Explanation:

Less Commute Miles:

Totals From Above:

Totals From Other Sheets:

Grand Totals:

Total Travel Claim:

\$

I certify that this expenditure/transaction is for a valid public purpose and is consistent with all applicable statutes, laws, appropriations, grants and contracts. I further CERTIFY that I have reviewed and understand the Statewide Travel Policy and that the amounts claimed represent the ACTUAL, QUALIFIED amounts and/or miles incurred during authorized, official State Business and that I am not requesting any reimbursements not allowed or not actually expended. If a travel advance was issued, I AGREE that the amount can be withheld from any salary, wages, or travel reimbursement due to me.

Traveler Signature: \_\_\_\_\_

Date: \_\_\_\_\_

As the Business Manager for WRUSD No.8, I CERTIFY that the expenses claimed were incurred for authorized official state business and that they are correct and proper charges. I CERTIFY further that this expenditure/transaction 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.

Business Manager Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Official Use Only--Following items attached (Depending on type of travel claim):**

Receipts: meals hotel fuel

Agenda of Training/Conference

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_