

WINDOW ROCK UNIFIED SCHOOL DISTRICT NO. 8
TEAMS/STUDENTS TRAVEL EXPENSE CLAIM
SUBMIT THIS CLAIM WITH RECEIPTS

Traveler: _____
Team/Class or Club Coach/Sponsor

School: _____ Destination: _____

Reason: _____

No. of Students Transported: _____ (Attach roster w/ signatures)

Departure: Date _____ Time _____ Return: Date _____ Time _____

Itemize Daily (attach receipts)

Date _____	Date _____	Date _____	Date _____
Meal#1 _____	Meal#1 _____	Meal#1 _____	Meal#1 _____
Meal#2 _____	Meal#2 _____	Meal#2 _____	Meal#2 _____
Meal#3 _____	Meal#3 _____	Meal#3 _____	Meal#3 _____
Total _____	Total _____	Total _____	Total _____

Total Amount Spent _____

Ck Rec'd _____	Check# _____	Ck Amt _____
	Less Total Amount Spent	- _____
	Balance Cash Returned	_____

I hereby certify that the Travel Recorded herein was accomplished in the performance of official duties and that documentation and information are true in all respects.

_____ Coach/Sponsor Signature	_____ Date
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Comments/Notes: _____

FOR BUSINESS OFFICE USE ONLY

(Date & Sign Off)

Claim Rec'd _____	Amt Rec'd _____
Receipts Attached _____	Receipt # _____
Roster Attached _____	Complete _____

Items needed: _____

White - Business Ofc

Canary - Athletic Director

Pink - Coach/Sponsor