



**OUT OF STATE EMPLOYEE TRAVEL/EXPENSE  
AUTHORIZATION REQUEST FORM  
FOR MORE INFORMATION**

**Form 6213F-1  
Administrative  
1/1**

Denise Suess  
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(360) 676-6522

**Directions:** Pursuant to Policy 6213, this form must be completed for all out-of-state travel. Approval should be 14 days in advance of the trip when circumstances permit. Upon return from the trip, turn in all itemized receipts to your building or program secretary if a PO or Pcard was used or complete the Travel/Expense Reimbursement Request (form 51) if applicable.

**A. INFORMATION**

**Employee Name:**  
\_\_\_\_\_

**School/Work Site:**  
\_\_\_\_\_

**Destination:**  
\_\_\_\_\_

**Purpose of Travel (Attach registration or other information if applicable):**  
\_\_\_\_\_

**Period of Travel:**

Depart Date	_____	Time	_____
Return Date	_____	Time	_____

**Accompanying Staff:**  
\_\_\_\_\_

**Anticipated Expenses:**

	Amount	Account Code
Registration	_____	_____
Lodging	_____	_____
Meals (See Note below)	_____	_____
Travel/Transportation	_____	_____
Substitute	_____	_____
<b>Total</b>	\$ _____	_____

***NOTE:** An employee is eligible for meal per diem and lodging reimbursement (destination must be greater than 50 miles from the District Office to qualify for lodging) only if they are in travel status, outside of the BPS boundaries. Employees must be in travel status **NO LESS THAN 3 HOURS** AND MUST HAVE PURCHASED A MEAL to qualify for any meal per diem. See Procedures 6213P.*

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**B. APPROVAL: Please sign below for approval**

1 \_\_\_\_\_  
Principal/Program Administrator

\_\_\_\_\_  
Date

2 \_\_\_\_\_  
Business Office

\_\_\_\_\_  
Date

3 \_\_\_\_\_  
Superintendent

\_\_\_\_\_  
Date

**C. COMPLETED FORM: Return to Denise Suess, District Office, 1306 Dupont St., Bellingham, WA 98225**