

# Travel/Expense Reimbursement

FOR MORE INFORMATION  
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For detailed instructions go to the intranet: Forms/Accounting and Purchasing/Mileage & Travel/Expense information or refer to Board Policy 6213 and Procedure 6213P

## A. INFORMATION

Employee Name:

School/Work Site:

Mailing Address:

Street address, P.O. box

Destination (City):



City

ZIP code

Purpose of Travel (Please attach Workshop Agenda):

Account Code(s): (Itemize costs per account and show \$ split)

1

2

3

4

Accompanying Staff:

Period of Travel:

Departed Date

Time

Returned Date

Time

## B. EXPENSES

*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 BSD boundaries. Employees must be in travel status MORE THAN 3 HOURS AND MUST HAVE PURCHASED A MEAL to qualify for any meal per diem.*

### i. Transportation

Miles at

54.5 Cents per Mile

Private Car

Bus/Train

Air

Attach original receipts

### ii. Lodging

Hotel/Motel

Parking

Attach original receipts

### iii. Meals (Paid at Per Diem Rates)

Date	\$15	\$16	\$28
	Breakfast	Lunch	Dinner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Meals:</b>	\$ -	\$ -	\$ -

### iv. Miscellaneous

Date	Paid To (Attach Original Receipts)	For	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Miscellaneous:

**TOTAL EXPENSES:**

**C. CERTIFICATION:** I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.

Employee Signature

Date

## D. APPROVAL: Please sign below and enter reimbursable amount

Principal/Program Administrator

Date

Reimbursement Allowed