**OUT OF STATE EMPLOYEE TRAVEL/EXPENSE AUTHORIZATION REQUEST FORM**

**FOR MORE INFORMATION**

Liz Crocker
elizabeth.crocker@bellinghamschools.org
(360) 676-6541

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**A. INFORMATION**

**Employee Name:**

**School/Work Site:**

**Destination:**

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

**Accompanying Staff:**

<table>
<thead>
<tr>
<th>Depart Date</th>
<th>Time</th>
<th>Return Date</th>
<th>Time</th>
</tr>
</thead>
</table>

**Anticipated Expenses:**

<table>
<thead>
<tr>
<th></th>
<th>Amount</th>
<th>Account Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lodging</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals (See Note below)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Travel/Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Substitute</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>$</td>
<td>-</td>
</tr>
</tbody>
</table>

**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 MORE THAN 3 HOURS AND MUST HAVE PURCHASED A MEAL to qualify for any meal per diem. See Procedures 6213P.

**Employee Signature**

**Date**

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

1. Principal/Program Administrator
   
   **Date**

2. Business Office
   
   **Date**

3. Superintendent
   
   **Date**

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**C. SIGNED FORM:** Return to Liz Crocker, District Office, 1306 Dupont St., Bellingham, WA 98225