



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

Form 6213F-1
Management Support
1/1

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

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 Peard was used or complete the Travel/Expense Reimbursement Request (Form 6213F-2) 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 | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Lodging | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Meals (See Note below) | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Travel/Transportation | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Substitute | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> |
| Total | \$ <input style="width: 80%;" type="text"/> | |

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

B. APPROVAL: Please sign below for approval

1
Principal/Program Administrator

Date

2
Business Office

Date

3
Superintendent

Date

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