

Travel/Expense Reimbursement

FOR MORE INFORMATION

Jesse Cole: Accounting jesse.cole@bellinghamschools.org (360) 676 6540 Form 6213F-2 Management Support

For detailed instructions go to the intranet: Forms/Accounting and Purchasing/Mileage & Travel/Expense information or refer to Board Policy 6213 and Procedure 6213P						
Α.	INFORMATION					
	Employee Name:		School/Work S	ite:		
	Mailing Address	•	Doctination (Cit	+		
	Mailing Address:	Ι Γ	Destination (Ci	ty):		
	Street address D.O. have	L				
	Street address, P.O. box		Purpose of Travel (Please attach Workshop Agenda):			
			Tarpoot or march (march attack to march a gene			
	City ZIP code					
	,	L				
	Account Code(s): (Itemize costs per account and show \$ split)	i .	Accompanying	Staff:		
1						
		, [
2						
		Ī	_		of Travel:	
3			Departed D	ate	Time	
4			Returned Da	ate	Time	
В.	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 Private Car		Miles at	62.5 Cents per Mile	2	\$ -
	Filvate Cal					
	Bus/Train		Air			\$ - Attach original receipts
	·	İ	All			
11.	Lodging Hotel/Motel		Park	ing		\$ - Attach original receipts
	Hotelywotel	4		_		Attach ongmanecerpts
:::	Meals (Paid at Per Diem Rates) Date	\$17 Breakfast		5 34 inner		
	Wiedis (Faid at Fei Dieili Rates)	Dieakiast	Edilcii Di	iiiiei		
	Total Meals:	\$ -	\$ - \$	-		\$ -
iv.	Miscellaneous Paid To (Attach Original Receipts)		For	Amount		
	Date Paid To (Attach Original Receipts)		For	Amount		
			Total Miscella	neous:		\$ -
				TOTAL EXPE	NSFS:	\$ -
C. CERTIFICATION: I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED I ME AND THAT NO PAYMENT HAS BEEN RECEIVED BY ME ON ACCOUNT THEREOF.						PENSES INCURRED BY
	ME AND THAT NO	PAYMENTHA I	S BEEN RECEIVE	ED BY ME ON ACCOUN	II THEREOF.	
	Employee Signature		Date			
D. APPROVAL: Please sign below and enter reimbursable amount						
٦.	AFFINOVAL. Flease Sign below and enter reinibursable ar	110u11t				
					\$	
	Principal/Program Administrator		Date		Reimbu	rsement Allowed