Bellingham Public Schools
a collective commitment

Local Travel Reimbursement

FOR MORE INFORMATION
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Form 6213F-3
Management Support
1/1

This form is used to request reimbursment for in-district mileage.

A. INFORMATION

Employee Name:

School/Work Site:

Mailing Address:

Street address, P.O. box

City

ZIP code

Account Code(s): (Object code: 8580)

1

2

3

B. TRAVEL LOG

Date	From	To	Purpose of Travel	Miles
	Please note if round-trip			

Total Miles -

Reimbursement Rate $ 0.625

Total Reimbursement **$0.00**

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:

Principal/Program Adminstrator

Date