

**BURLINGTON-EDISON SCHOOL DISTRICT NO. 100  
TRAVEL EXPENSE REIMBURSEMENT FORM**

Employee Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Purpose of Travel \_\_\_\_\_ In State  Out of State

**Attach copy of conference/workshop registration or other documentation verifying attendance.**

Private Auto Miles	
From _____ to _____	miles @ _____ per miles\$ _____

Date and Time of Departure: _____	_____ am/pm
Date and Time of Return: _____	_____ am/pm

**Meals Paid By Employee During Overnight Trip Only – Receipts Not Required.  
Do NOT list meals included in conference/workshop registration.**

Date	Breakfast \$10	Lunch \$12	Dinner \$17
/ /			
/ /			
/ /			
/ /			
/ /			
Totals	\$ _____	\$ _____	\$ _____

**Original Receipts Required for the following Travel Expenditures over \$10.00  
Original Receipts Required for all Expense Reimbursements**

Description	Explanation
Lodging	\$ _____
Registration	\$ _____
Parking/Ferry Tolls	\$ _____
Other	\$ _____

Travel Advance (if received)      - ( \_\_\_\_\_ )

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. I also certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flyer miles or other personal gift points for expenses that are being reimbursed by the Burlington-Edison School District as a direct result of any or all expenses incurred. I also hereby certify under penalty of perjury that I have a valid driver's license and have current minimum auto insurance required by the State of Washington.

**TOTAL**    \$ \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

Account Codes	Amount