

Travel/Expense Reimbursement

FOR MORE INFORMATION

Finance

BPS.Reimbursements@bellingshamschools.org

(360) 676-6400

For detailed instructions go to the Finance Staff Hub: [Travel & Expense Reimbursement information](#)
or refer to [Policy 6213](#) and [Procedure 6213](#)

A. INFORMATION

Employee Name:

School/Work Site:

Home Mailing Address: *Please notify payroll if changed*

Street address or P.O. box, City, State

ZIP code

Destination (City):

Purpose of Travel (Please attach Workshop Agenda):

Email:

Phone:

Account Code(s): (Itemize costs per account and show \$ split)

1

2

3

4

Accompanying Staff:

Period of Travel:

Departed Date

Time

Returned Date

Time

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

[Miles at](#)

67.0 Cents per Mile

Personal Vehicle (miles)

Bus/Train/Taxi/Uber

Airfare

Attach original receipts

ii. Lodging

Hotel/Motel

Parking

Attach original receipts

iii. Meals (Paid at Per Diem Rates)

	\$17	\$18	\$34
Date	Breakfast	Lunch	Dinner
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Meals:	\$ -	\$ -	\$ -

iv. Miscellaneous

Date	Paid To (Attach Original Receipts)	Description	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Miscellaneous:

TOTAL EXPENSES:

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

Payment will be made to your direct deposit account on file. If you prefer a paper check, mark this box.

☐

D. APPROVAL: Please sign below and enter reimbursable amount

Print Administrator Name

Principal/Program Administrator Signature

Date

Reimbursement Allowed