Bellingham Public Schools
a collective commitment

Local Travel Reimbursement

FOR MORE INFORMATION
Finance
BPS.Reimbursements@bellinghamschools.org
(360) 676-6400

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:

Home Mailing Address: *Please notify payroll if changed*

Street address or P.O. box, City, State — ZIP code

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

1
2
3
4

Email:

Phone:

B. TRAVEL LOG

Date	From	To	Round Trip	Purpose of Travel	Miles

Total Miles 0.00
Reimbursement Rate $ 0.670
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

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

D. APPROVAL:

Print Administrator Name

Principal/Program Adminstrator Signature

Date

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Reimbursement Allowed