

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: | |
| <input style="width:100%;" type="text"/> | | <input style="width:100%;" type="text"/> | |
| Home Mailing Address: <i>Please notify payroll if changed</i> | | Destination (City): | |
| <input style="width:100%;" type="text"/> | | <input style="width:100%;" type="text"/> | |
| <small>Street address or P.O. box, City, State</small> | | <small>ZIP code</small> | |
| Email: | Phone: | Purpose of Travel (Please attach Workshop Agenda): | |
| <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%; height: 40px;" type="text"/> | |
| Account Code(s): (Itemize costs per account and show split) | Split | Accompanying Staff: | |
| 1 <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%; height: 20px;" type="text"/> | |
| 2 <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| 3 <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | Period of Travel: | |
| 4 <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | Departed Date <input style="width:100%;" type="text"/> | Time <input style="width:100%;" type="text"/> |
| | | Returned Date <input style="width:100%;" type="text"/> | Time <input style="width:100%;" type="text"/> |

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 6 HOURS AND MUST HAVE PURCHASED A MEAL to qualify for any meal per diem.

| | | | | | | |
|-------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|------------------------------------------|--|---------------------------------------------|
| i. Transportation | <input style="width:100%;" type="text"/> | Miles at | 72.5 | Cents per Mile | | \$ <input style="width:100%;" type="text"/> |
| | Personal Vehicle (miles) | | | | | - |
| | <input style="width:100%;" type="text"/> | | | | | \$ <input style="width:100%;" type="text"/> |
| | Bus/Train/Taxi/Uber | | | Airfare | | <i>Attach original receipts</i> |
| ii. Lodging | <input style="width:100%;" type="text"/> | | | Parking | | \$ <input style="width:100%;" type="text"/> |
| | Hotel/Motel | | | | | <i>Attach original receipts</i> |
| iii. Meals (Paid at Per Diem Rates) | | \$22 | \$23 | \$36 | | |
| | Date | Breakfast | Lunch | Dinner | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | Total Meals: | \$ - | \$ - | \$ - | | \$ <input style="width:100%;" type="text"/> |
| iv. Miscellaneous | | | | | | \$ <input style="width:100%;" type="text"/> |
| | Date | Paid To (Attach Original Receipts) | Description | Amount | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | <input style="width:100%;" type="text"/> | | |
| | Total Miscellaneous: | | | | | \$ <input style="width:100%;" type="text"/> |
| | TOTAL EXPENSES: | | | | | \$ <input style="width:100%;" type="text"/> |

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.

If you have elected for payroll direct deposit, you will receive your reimbursement to the same bank account on file. If you would like to opt out of reimbursement direct deposit or deposit to a different bank account, please contact bps.purchasing@bellingshamschools.org.

| | |
|----------------------------------------------------------------------------|--------------------------------------------------------|
| <input style="width:100%; height: 30px;" type="text"/> | <input style="width:100%; height: 30px;" type="text"/> |
| Employee Signature (<i>Digital or Wet Ink Only - Typed not Accepted</i>) | Date |

D. APPROVAL: Please sign below and enter reimbursable amount

| | | |
|------------------------------------------------------------------------------------------------------|--------------------------------------------------------|-----------------------------------------------------------|
| <input style="width:100%; height: 30px;" type="text"/> | | |
| Print Administrator Name | | |
| <input style="width:100%; height: 30px;" type="text"/> | <input style="width:100%; height: 30px;" type="text"/> | \$ <input style="width:100%; height: 30px;" type="text"/> |
| Principal/Program Administrator Signature (<i>Digital or Wet Ink Only - Typed not Accepted</i>) | Date | Reimbursement Allowed |