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 (between district buildings).

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

Email: | **Phone:**

Account Code(s): (Object code: 8580) | **Split**

1
2
3
4

B. TRAVEL LOG

Date	From	To	Mark Only if Round trip	Purpose of Travel	Miles
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0
					0

See pages 2 & 3 for additional lines if needed

Subtotal Miles	0.00
Total Miles	0.00
Reimbursement Rate	$0.725
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 *(Digital or Wet Ink Only - Typed not Accepted)* | Date

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@bellinghamschools.org.

D. APPROVAL:

Print Administrator Name

Principal/Program Adminstrator Signature *(Digital or Wet Ink Only - Typed not Accepted)* | Date | $ Reimbursement Allowed