SAN JUAN ISLAND SCHOOL DISTRICT EXPENSE REPORT FORM

FORM 6213F, Board Policy 6213												PURCH	IASE ORDER NO.
NAME AND ADDRESS OF CLAIMANT							No meal allowance for day travel. For overnight travel - no breakfast allowance on departure date. Dinner allowance is not provided on return date unless the departure from Anacortes is after 7:00 p.m. Meals may not be claimed when provided by and included in conference registration fee. Receipts for meal expenses are not required. Hotel, parking and other incidental expense receipts must be submitted with report. Authorized claims for expenses must be submitted within 30 days of the activity See negotiated agreement regarding reimbursements for bus drivers.						
P.						PER MEAL E	NTITLEMENT Mileage Rate:						
	FROM	TO	DAY BEGAN	DAY END	BKFAST	LUNCH	DINNER	ACTUAL	OTHER PER		62.5 cents	GRAND	PURPOSE
DATE	(Location)	(Location)	DEPART	RETURN	\$13.00	\$14.00	\$23.00	LODGING *	DETAIL *	NO. MILES	AMOUNT	TOTAL	OF TRAVEL
	(/	,			,	,	,					-	-
											SUBTOTAL:		
											LESS ADV.		
				TOTALS:									
*DETAIL OF RECEIPTS							District Office/Building Use						
DATE PAID TO FOR AMOUNT							AMOUNT		EXPENSE TYPE			ACCOUNT CODE	
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CLAIMANT'S CERTIFICATION I hearby 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.							SUPERVISOR'S CERTIFICATION I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered of the labor performed as described herein, and that the claim is just, due and unpaid, obligation against San Juan Island Scho District and that I am authorized to authenticate and certify to said claim.						
SIGNATURE		TITLE		DATE		•	SIGNATURE			TITLE			DATE