

# SAN JUAN ISLAND SCHOOL DISTRICT EXPENSE REPORT FORM

UPDATED FORM 6213F, Board Policy 6213

PURCHASE 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.**

DATE	FROM (Location)	TO (Location)	DAY BEGAN DEPART	DAY END RETURN	PER MEAL ENTITLEMENT				OTHER PER DETAIL *	Mileage Rate:		GRAND TOTAL	PURPOSE OF TRAVEL
					BKFAST	LUNCH	DINNER	ACTUAL LODGING *		Jan 2019	\$0.580		
					\$10.00	\$13.00	\$22.00			NO. MILES	AMOUNT		
<b>TOTALS:</b>													
											SUBTOTAL:	-----	
											LESS ADV.		

*DETAIL OF RECEIPTS			
DATE	PAID TO	FOR	AMOUNT

District Office/Building Use		
AMOUNT	EXPENSE TYPE	ACCOUNT CODE

**CLAIMANT'S 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.

\_\_\_\_\_  
SIGNATURE    TITLE    DATE

**SUPERVISOR'S CERTIFICATION**

I, the undersigned, do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described herein, and that the claim is just, due and unpaid, obligation against San Juan Island School District and that I am authorized to authenticate and certify to said claim.

\_\_\_\_\_  
SIGNATURE    TITLE    DATE