SAN JUAN ISLAND SCHOOL DISTRICT
EXPENSE REPORT FORM

PURCHASE ORDER NO. _____

FORM 6213F, Board Policy 6213

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 departure from Anacortes is after 7 pm.
Attach google maps for mileage. Attach a copy of the conference agenda if applicable.
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.

					PER MEAL ENTITLEMENT					Mileage Rate:			
DATE	FROM (Location)	TO (Location)	TIME OF DEPARTURE	TIME OF RETURN	BKFAST $17.00	LUNCH $20.00	DINNER $31.00	ACTUAL LODGING *	OTHER PER DETAIL *	Jan. 2025 NO. MILES	$0.70 AMOUNT	GRAND TOTAL	PURPOSE OF TRAVEL
											SUBTOTAL:		
											LESS ADV.		
				TOTALS:									

*DETAIL OF RECEIPTS			
DATE	PAID TO	FOR	AMOUNT

District Office/Building Use		
AMOUNT	EXPENSE TYPE	ACCOUNT CODE

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.

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