# SAN JUAN ISLAND SCHOOL DISTRICT EXPENSE REPORT FORM

### FORM 6213F, Board Policy 6213

NAME AND ADDRESS OF CLAIMANT

### No meal a

## PURCHASE ORDER NO.

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.

					PER MEAL ENTITLEMENT				Mileag	ge Rate:			
	FROM	TO	DAY BEGAN	DAY END	BKFAST	LUNCH	DINNER	ACTUAL	OTHER PER	Jan. 2023	\$0.655	GRAND	PURPOSE
DATE	(Location)	(Location)	DEPART	RETURN	\$13.00	\$14.00	\$23.00	LODGING *	DETAIL *	NO. MILES	AMOUNT	TOTAL	OF TRAVEL
SUBTOTAL:								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.

TITLE

#### 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.

DATE