SAN JUAN ISLAND SCHOOL DISTRICT EXPENSE REPORT FORM

FORM 62	13F, Board	Policy 621	13			EXPEN	SE REP	ORI FOR	≺M			PURCH	ASE 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 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 f Hotel, parl Authorized	or meal expe king and othe d claims for e	nses are <u>not</u> er incidental e expenses mus	required. expense rece st be submitt	ipts <u>must</u> be so ed <u>within 30 da</u> ents for bus d	ubmitted with	report.	
					Р	PER MEAL ENTITLEMENT				Miloa	no Rato:	1		
	FROM TO TIME OF		TIME OF	BKFAST	i i i			OTHER PER		Mileage Rate: Jan. 2025 \$0.70		PURPOSE		
DATE	(Location)	(Location)	DEPARTURE	RETURN	\$13.00	\$14.00	\$23.00	LODGING *	DETAIL *	NO. MILES	AMOUNT	GRAND TOTAL	OF TRAVEL	
Ditte	(Location)	(Location)	DEFARTORE	RETORI	ψ10.00	ψ11.00	Ψ20.00	LODOING	DETAIL	TO: WILLO	7.1000111	101712	OI IIVVEE	
											SUBTOTAL:			
											LESS ADV.			
				TOTALS:										
					-									
*DETAIL OF RECEIPTS							District Office/Building L					Jse		
DATE	ATE PAID TO FOR AMOUNT				AM	AMOUNT EXPENSE			YPE 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 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

SIGNATURE

TITLE

DATE