SAN JUAN ISLAND SCHOOL DISTRICT EXPENSE REPORT FORM

FORM 62	13F, Board	Policy 621	13			EXPEN	SE REPORT FORM —					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 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 or hotel accomodation. 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.							
						ER MEAL E	R MEAL ENTITLEMENT Mileag				ge Rate:	1		
	FROM	ТО	TIME OF	TIME OF	BKFAST	LUNCH	DINNER	ACTUAL	OTHER PER		\$0.70	GRAND	PURPOSE	
DATE	(Location)	(Location)	DEPARTURE	RETURN	\$17.00	\$20.00	\$31.00	LODGING *	DETAIL *	NO. MILES	AMOUNT	TOTAL	OF TRAVEL	
Ditte	(Location)	(Location)	DEFARTORE	RETORIN	Ψ11.00	Ψ20.00	φσ1.σσ	2020	DETAIL	TTO: WILLE	74000111	101712	OI IIIVEL	
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*DETAIL OF RECEIPTS						OLINIT	District Office/Building L							
DATE	ATE PAID TO FOR AMOUN'		AMOUNT			AMOUNT EXF			EXPENSE IY	XPENSE 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