

**NORTHWEST EDUCATIONAL SERVICE DISTRICT 189**

**FORM 6213-F1**

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**NORTHWEST EDUCATIONAL SERVICE DISTRICT 189  
ADVANCE TRAVEL REQUEST**

Date Prepared \_\_\_\_\_

Name \_\_\_\_\_ Department \_\_\_\_\_ Account Code \_\_\_\_\_

Purpose of Travel \_\_\_\_\_ Destination(s) \_\_\_\_\_  
(benefit to districts)

Departure Date \_\_\_\_\_ Time \_\_\_\_\_ Return Date \_\_\_\_\_ Time \_\_\_\_\_

**ESTIMATE OF EXPENSES**

							<b>Estimated Amt</b>
<b>Transportation</b>							
Airfare**	Vendor	_____	Requisition #	_____			\$ _____
NWESD Est	Mileage	_____	Personal Est	Mileage	_____		\$ _____
Vehicle Miles	Rate	_____	Car Miles	Rate	_____		
Rental Car**	Vendor	_____	Requisition #	_____			\$ _____
Other (tolls, taxi, parking, etc.)**			<b>**Receipts required upon return</b>				\$ _____
<b>Registration</b>							
<b>Attach Copy of Registration</b>	Vendor	_____	Requisition #	_____			\$ _____
<b>Lodging</b>							
Vendor	_____	Requisition #	_____	Rate	_____	Days	\$ _____
Request an exception to the 50-mile rule for the reason below:							
<input type="checkbox"/> To avoid driving back and forth for back-to-back late night/early morning meetings.				Rate	_____	Days	_____
<input type="checkbox"/> Hazardous inclement weather conditions could threaten health and/or safety.				Rate	_____	Days	_____
<input type="checkbox"/> Ferry schedules do not make travel reasonable.							
Request an exception to the maximum lodging amount for the reason below:							
<input type="checkbox"/> Costs in the area have escalated for a brief period of time due to special events or disasters.							
<input type="checkbox"/> Lodging accommodation in the area of the temporary duty station are not available at or below the maximum lodging amount, and the savings achieved from occupying less expensive lodging at a more distant site are consumed by an increase in transportation and other costs.							
<input type="checkbox"/> Attending a meeting, conference, convention, or training session and expect to have business interaction with other participants in addition to scheduled events. Maximum benefits will be achieved by authorizing stay at the lodging facility where the meeting, conference, convention, or training session is held.							
<input type="checkbox"/> Complying with provisions of the Americans with Disabilities Act, or when my health and safety is at risk.							
<input type="checkbox"/> Meeting room facilities are necessary and it is more economical for me to acquire special lodging accommodation such as a suite rather than acquiring both a meeting room and a room for lodging.							
<b>Meals</b>							
<u>Washington Per Diem Rates</u>	Breakfast Rate	_____	Days	_____			\$ _____
<u>United States Per Diem Rates Look-Up</u>	Lunch Rate	_____	Days	_____			
	Dinner Rate	_____	Days	_____	<b>TOTAL</b>		\$ _____
<b>Comments</b>							

**APPROVALS**

Signature of Applicant _____	Signature of Department Manager _____
<b>OUT OF STATE</b>	<b>IN STATE</b>
Approved on _____ by _____ Secretary of Board	Approved on _____ by _____ Superintendent

**ADVANCE EXPENSE PAYMENT**

I request an advance travel check for _____	On _____ Date _____	*** Minimum Amount \$100
Amount***		Eligible Amount \$ _____
Check # _____	Amount _____	Date Issued _____
		Expense Report Due _____
<u>NWESD Policy 6213</u> , Reimbursement for Travel Expenses		_____
<u>NWESD Procedure 6213-P</u> , Reimbursement for Travel Expenses Procedures		Custodian of Revolving Fund