Travel & Expense Report Form • NWESD 189 • 1601 Form and required receipts must be submitted within 60.	eport Form • NWI eipts must be subn	ESD 189 • 1601 nitted within 60	I R Avenue • Anacortes, WA 98221 • Form 6213-F3 days of travel (guidance on Online Communities)	<b>acortes,</b> idance on	WA 982 Online C	21 • Form ommunities)	6213-F3	HISCA USE ON FISCA	All expenses have been verified as approved, incurred, and in accordance with board policy. ATR Supporting Documents Audited by Pa	as approv g Documei	red, incur nts Auc	red, and in dited by	l accordar	rce with bc	ard policy.
Name*	Physical Address*	ddress*		Mailing /	Address (	Mailing Address (if different)		Department	Ê	Official Workstation*	kstation*		Employment* 260 di </th <th>/ment* 260 days or exempt &lt; 260 days and hou</th> <th>ment* 260 days or exempt &lt; 260 days and hourly</th>	/ment* 260 days or exempt < 260 days and hou	ment* 260 days or exempt < 260 days and hourly
Preparer's Name	_		Whom should we contact with questions?	d we conta	act with qu	uestions? [		D Preparer	Travel Date Range: From	From			Lo		
Date	Travel From	Depart Time	Travel To	R	RT? Return Time	urn ne	Purpose/PPSS	SS	Lodging Name		Meals*** B L	D ****	Miles Full	Miles Reduced	Mileage Amount
											-				0.00
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Account Code(s) PPSS AA MMY*	Mileage 8000	Meals 8000	Other Travel 8000**	Misc Expenses**	*	Total		1	Page 1-2 Totals		00 0.0	0.00 0.00 0.00	0	0	\$ 0.00
						00.0	* Required Field					Page	Page 1-2 Meal Total	al Total	\$ 0.00
						0.00	- ÷	il on Page 2 ons on Page 2			<sup>2</sup> age 2	Page 2 Other Purchases Total	urchase	s Total	\$ 0.00
						00.0						*	****Grand Total	d Total	\$ 0.00
Totals	\$ 0.00	00.0 \$ 0.00	\$ 0.00	\$	\$ 0.00	\$ 0.00	**** Grand Totals Must Match	s Must Match		å	Grand	Do Grand Totals Match?	Match?		
l certify that these expenses are just and rue in all respects; that the distances shown were actually and necessarily traveled on the dates specified on official business only, that the expenses were incurred while conducting official NWESD 189 business; that none of the expenses have been paid by the NWESD; and that the full amount is justly due.	ss are just and true in al lified on official business the expenses have bee	ll respects; that the s only; that the expe en paid by the NWE	distances shown were actually and necessarily enses were incurred while conducting official NV ESD; and that the full amount is justry due.	e actually a while condu amount is ju	nd necess cting offici. ıstly due.	sarily al NWESD	l certify that the c charges are mad	charges set forth or le were necessary	l certify that the charges set forth on this expense report have been examined by me. that the services for which the charges are made were necessary and proper, and that, in my opinion, the amounts claimed are just and reasonable.	iave been n my opin	examine ion, the a	id by me; th imounts clà	hat the se aimed are	invices for v just and n	vhich the easonable.
Signature		Title		I	Date		Supervisor's Signature	tature	Title				1	Date	

## NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 6213-F3

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6213-F3
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Report
Expense
Travel &

	Mileage Amount	00.00	00.00	00.00	00.0	00.00	00'0	0.00	00.00	00'0	00.00	00.00	0.00
	Miles Reduced												
To	Miles Full												
	Meals***	-											
nge: From	Lodging Name												
Travel Date Range:	Purpose/PPSS												
	Return Time*												
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	Travel To												
	Depart Time*												
	Travel From												
Name	Date						2						-

feal EX	Meal Exception(s)		Detail of (	Detail of Other Receipts/Purchases – Receipts Required	vis kequired	
vetual cos sr docum	Actual cost basis as evidenced by I for documented medical condition.	Actual cost basis as evidenced by receipt(s) up to applicable maximum per meal entitlement amount except for documented medical condition.	If more than	If more than \$50 and not travel related, Prior Approval Request Form (ESC-100) must be completed/attached.	al Request Form (FSC-100) must be com	oleted/attached
Date	Meal	Reason	Date	Paid To	Purpose	Amount
	Breakfast	Documented medical condition				
	Breakfast	Documented medical condition				
	Breakfast	Documented medical condition				1
	Breakfast	Documented medical condition				
	Breakfast	Documented medical condition				
	Breakfast	Documented medical condition				
	Breakfast	Documented medical condition			Total	al \$ 0.00

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