## NORTHWEST EDUCATIONAL SERVICE DISTRICT 189 FORM 6213-F4 Page 1 of 1

NWESD 189 • 1601 R Avenue • Anacortes, WA 98221

Non-Staff Travel & Expense Report Form • Form 6213-F4 Form and required receipts must be submitted within 60 days of travel

Name		Physical	ical Address			Mailing Add	Mailing Address (if different)		Department	ment		
Date	Travel From	Depart Time		Travel To	Return		Purpose/PPSS	(itemized	Meals (itemized receipts required)	equired)	Miles	Mileage Amount (.545 per mile)
								1	1			
							Totals					
											Grand Total	
To Be Completed by NWESD Staff	by NWESD Staff					Detail of Ot	Detail of Other Receipts/Purchases - Itemized Receipts Required	emized R	Receipts R	Required		
Account Code(s) PPSS AA MMY	) Mileage 8000	Meals 8000	Other Travel 8000	Misc Expenses	Total	Date	Paid To		Purpose			Amount
Totals											Total	_
I certify that these exper traveled on the dates sp 189 business; that none	I certify that these expenses are just and true 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.	respects; that the only, that the exp only, that the exp paid by the NWE	distances shown venses were incurre	vere actually and nece d while conducting off ull amount is justly due	essarily ficial NWESD e.	l certify that the charges are r	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.	report have Id that, in my	been examir y opinion, the	ned by me; tha s amounts clais	at the services formed are just and	which the reasonable.
Signature		Title		Date		Supervisor's Signature	Signature	Title			ام	Date