



6213 F

Colville School District 115

## Reimbursement Request Form

Employee Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

In order for this claim to be processed for reimbursement, you must:

1. Complete both sides of this form
2. Attach all corresponding receipts (receipts must be itemized)

## SUMMARY

For travel and incidental expenses incurred during the month of \_\_\_\_\_, 20\_\_\_\_ as shown in detail on the reverse side of **this** form and on attached receipts.

Summary of Expenses				Amount
Meals				\$
Hotel or Motel Room(s)				\$
Mileage	total miles:	X 0.655 cents per mile	=	\$
Registrations				\$
Other Transportation				\$
Miscellaneous				\$
TOTAL				\$

Travel preapproved by Supervisor/Administrator? ☐ YES ☐ NO DATE PREAPPROVED: \_\_\_\_\_

I hereby 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.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

Supervisor/Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_

## BUDGET CODE

10						0000	
FUND	PROGRAM	ACTIVITY	OBJECT	LOC	USER 4	USER 5	SUB

Date Received in Business Office: \_\_\_\_\_

Complete w/ Signatures and itemized receipts? ☐ YES ☐ NO

Date Payment Issued: \_\_\_\_\_

Day	Meals - per diem reimbursement, not actual expenses (check each box that applies for each day of travel)			Miles (enter # of miles for each day)	Destination/Purpose
	Breakfast	Lunch	Dinner		
1					
2					
3					
4					
5					
6					
7					
8					
9					
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11					
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30					
31					

### Mileage Chart: Outside Stevens County (one way distances)

	Spokane ESD101	Spokane Airport	Ellensburg	Yakima	Seattle	Olympia	Wenatchee	Tacoma	Portland, OR			
From Colville, WA	76.2	77.2	243	263	350	390	240	363	423			

**Other Expenses:** (registrations, other transportation, hotel, miscellaneous)

[illegible]

**For Business Office Use Only:**

Date:										
Breakfast:										
Lunch:										
Dinner:										
Subtotals:										
									Total	\$