



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 0.56 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 | | | | | |
| 10 | | | | | |
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| 14 | | | | | |
| 15 | | | | | |
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| 17 | | | | | |
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| 19 | | | | | |
| 20 | | | | | |
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| 22 | | | | | |
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| 24 | | | | | |
| 25 | | | | | |
| 26 | | | | | |
| 27 | | | | | |
| 28 | | | | | |
| 29 | | | | | |
| 30 | | | | | |
| 31 | | | | | |
| Totals | \$ | \$ | \$ | | |

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)

| Date | Description | Amount |
|--------------|-------------|--------|
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
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| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| Total | | \$ |

For Business Office Use Only:

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