KENNEWICK SCHOOL DISTRICT
1000 West 4th Ave., KENNEWICK, WA 99336

REIMBURSEMENT CLAIM FOR TRAVEL AND OTHER EXPENSES

For expenses incurred in connection with official school duties. Itemize expenses in detail and **ORIGINAL receipts must be attached** for all expenses. Maximum claim allowance will be in accordance with Policy # 7515. Log daily mileage on the reverse side of this form.

NAME _____ TITLE _____VENDOR # _____

ADDRESS _____/_____ DATE_____
STREET ADDRESS CITY, STATE, ZIP

HOME PHONE #:_____ CELL PHONE# _____ _____

SECTION A--**Nature of Trip** _____

Left Kennewick _____ _____ Returned _____ _____
DATE HOUR DATE HOUR

SECTION B--Meals and Lodging (**Attach Itemized, original receipts**--reasonable expenses only)
Per day meal expense not to exceed $50.00 per day for WASH/ID/ORE inclusive of gratuity. Per day rate prorated for less than full day travel. Other state travel not to exceed GSA per day rates (www.gsa.gov)

DATE	BRKFST.	LUNCH	DINNER	*TOTAL*

SECTION C-- Lodging List Dates _____ **Total**

SECTION D--Transportation (Please List)
Private Auto _____ miles @ 55.5¢ per mile (log on back) **Total**

Taxi_____ Bus/Shuttle_____ Air_____ **Amount of Fare**

Incidentals (parking, tolls, etc.)—
Attach original receipts

PAID TO:	*AMOUNT:*

SECTION E--Other Expenses (Please List)—**Attach Original Receipts**
Costs such as registration (excluding meals).
***Alcoholic beverages, personal phone calls, movies, etc., are* not allowable**

FOR:	*AMOUNT:*

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.

SIGNATURE _____

TOTAL CLAIM

APPROVAL OF PRINCIPAL/SUPERVISOR

SIGNATURE _____

BUDGET CODE (S)
- - - - - $
____ _____ _____ _____ _____ _____ ____ init.
- - - - - $
____ _____ _____ _____ _____ _____ ____ init.

APPROVED _____
CABINET ADMINISTRATOR

DATE_____

FORWARD TO BUSINESS OFFICE

REVISED 8/1/11

DAILY MILEAGE

For use when mileage is submitted on a monthly basis or other extended interval of time. This detailed itemization is to be supplied as justification for the total mileage entered in Section C, reverse side hereof.

DATE	FROM	TO	MILES
		TOTALS	

TRANSFER TOTALS TO APPROPRIATE SPACE IN SECTION C, REVERSE SIDE HEREOF