

TAHOMA SCHOOL DISTRICT NO. 409
CLAIM FOR EXPENSES FORM & TRAVEL RECAP

Name _____ School Building/Dept. _____
 Address _____ Expenses for **Month** of _____
 City _____ State _____ Zip Code _____

- All expenses incurred should reflect costs/travel from the **beginning** of the month to the end of the **same** month and be *itemized on the front and back* with **original** itemized receipts attached. Items without an original receipt will not be reimbursed. In the event that a receipt is unobtainable (i.e., unattended parking), please state this information on the back of this form.
- Each employee must purchase their own items and submit their own form.
- Completed forms (including appropriate signatures) should be submitted to the Accounts Payable Department within **45-calendar days** following the month expenses were incurred in order to receive reimbursement. Incomplete forms will be returned and may delay processing.

(*As per IRS Regulations effective 1/1/00, the reimbursement of meal expenses must be claimed as taxable income through the Payroll Dept. unless expenses were incurred during an overnight stay or the workshop registration fee also included the cost of the meal.)

	PO Number	Actual Cost	Reimbursement Request	Account Code XXXX-XX-XXXX-XXX-XXXX-XXXX-XXXX
Registration		\$	\$	
Meal Expenses		\$	\$	
Air/Rail/Bus/Taxi		\$	\$	
Auto		\$	\$	
Mileage		\$	\$	
Lodging Expenses		\$	\$	
Incidental Expenses		\$	\$	
Sundry Expenses:		\$	\$	
TOTAL				

CERTIFICATION

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.

Claimant Signature _____ Date _____

Director/Administrator Approval Signature _____ Date _____

Auditing Officer Signature _____ Date _____

Reimbursement checks are processed on the 15th and last working day of each month through the Accounts Payable Department. Forms submitted during the same month in which expenses are incurred will be processed on the 15th of the following month.

Expenses incurred for the month of _____ .

DAY OF MONTH	MEALS				LODGING	IRS RATE (\$0.58 1/1/19)	DESTINATION		PURPOSE OR REASON FOR TRIP (INCLUDE MAP)
	BREAKFAST	LUNCH	DINNER	TOTAL			FROM	TO	
	\$	\$	\$	\$	\$				
TOTALS	\$	\$	\$	\$	\$	#	x \$0.58	= \$	

REGISTRATION, INCIDENTAL, SUNDRY EXPENSES PER ORIGINAL ATTACHED RECEIPTS.

DATE	PAID TO	FOR	AMOUNT
			\$
TOTAL			\$