TAHOMA SCHOOL DISTRICT NO. 409 MISC. CLAIM FOR EXPENSES FORM

Document N	lumber
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PO Number	P or C

Employee Name	School Building	J/Dept		/
Name Key	Expenses for Month of	Year	PO Number	P or C

Each employee must purchase their own items and submit their own forms.

All expenses incurred should reflect the costs for the entire month. Expenses must have original itemized receipts attached. Items without an original itemized receipt will not be reimbursed.

Reimbursement form must be submitted within 45 calendar days following the month expenses were incurred.

Reimbursement will be made on the 15th of the month following receipt in Accounts Payable. Reimbursement will be deposited via ACH to the employee bank account on file. *Incomplete or incorrect forms will be returned and may delay processing*

LIST EACH EXPENSE PER ATTACHED RECEIPT

DATE	BUSINESS NAME PURPOSE/DESCRIPTION OF ITEMS					AMOUNT
					TOTAL	
ACCOUNT CODE		E	ACTUAL COST	REIMBURSE AMOUNT	INTERNAL	
					Bookkeeper	

TC	DTAL			AP Batch Number	
CERTIFICATION		APPR	OVAL		
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 on account thereof.		Director/Administrator Signature		Date	
Claimant Signature	Date	Auditing Officer Signature		Date	
NOTES:					

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