



Vendor Number \_\_\_\_\_

## TRAVEL EXPENSE REIMBURSEMENT FORM

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Purpose of Travel \_\_\_\_\_

PRIVATE AUTO MILES (Beginning destination point WITHIN Mount Vernon)

To \_\_\_\_\_ miles @ \$0.58 per mile

\$ \_\_\_\_\_

\*\*\*\*\*THIS SECTION MUST BE COMPLETED\*\*\*\*\*

Date and Time of Departure: \_\_\_\_\_ am pm

Date and Time of Return: \_\_\_\_\_ am pm

PER MEAL RATE: (Detailed Receipts required for meals IF no overnight stay)

Date (M/D/Y)	Breakfast \$ 16	Lunch \$17	Dinner \$28	
<b>Totals</b>	\$ _____	\$ _____	\$ _____	\$ _____

NOTE:  
All meal reimbursements are taxable income if no overnight stay is involved.

LODGING & OTHER MISCELLANEOUS EXPENSES (Please attach original receipts)

Description	Explanation	
Lodging		\$ _____
Registration		\$ _____
Parking/Ferry Tolls		\$ _____
Other		\$ _____

Less Travel Advance (if received) \_\_\_\_\_ (\$ -- )

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. I also certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flyer miles or other personal gift points for expenses that are being reimbursed by the Mount Vernon School District as a direct result of any or all expenses incurred. I also hereby certify under penalty of perjury, that I have a valid driver's license and I have current minimum auto insurance required by the State of Washington.

BALANCE

\$ \_\_\_\_\_

<b>Employee Signature</b>	<b>Date</b>
<b>Supv/Mgr of Chargeable Budget Signature</b>	<b>Date</b>

Account Codes	Amount