



## TRAVEL EXPENSE REIMBURSEMENT FORM

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

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

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

PRIVATE AUTO MILES (Beginning destination point from assigned building)

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