



# Mount Vernon School District

## Travel Expense Reimbursement Form

Please submit the following items to comply with auditing guidelines:

- Original, itemized/detailed receipts
- Conference/Workshop Agenda (If applicable)
- Signature of both claimant *and* administrator
- Submitted in Blue or Black Ink (not pencil)

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

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

PRIVATE AUTO MILES (Beginning destination point from assigned building)

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

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 (MM/DD/YY)	Breakfast \$17	Lunch \$18	Dinner \$34	
<b>Totals</b>	\$ _____	\$ _____	\$ _____	<span style="border: 1px solid black; padding: 2px;">\$ _____</span>

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

LODGING & OTHER MISCELLANEOUS EXPENSES (Please attach original receipts)

Description	Explanation	
Lodging		<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
Registration		<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
Parking/Ferry Tolls		<span style="border: 1px solid black; padding: 2px;">\$ _____</span>
Airfare		<span style="border: 1px solid black; padding: 2px;">\$ _____</span>

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 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.

**Grand Total**

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

\_\_\_\_\_  
Signed (Claimant) Date

\_\_\_\_\_  
Signed (Supervisor/Manager of Chargeable Budget) Date

Budget Codes:	Amount

## TIPS FOR FASTER REIMBURSEMENT

1. If **ordering on-line**, you will need to attach copy of order that shows detail of what was purchased, cost per item, and how you paid. You will also need to attach a packing list or take the items to a co-worker and have them send me an email verifying they have seen the items or co-worker can also write "I verify receipt" and then sign their name right on the order form. The auditors need to see some proof of the items being received. Attach forms to an employee reimbursement form and complete.
2. For workshops/trainings you've paid for and want reimbursed, you need something that shows the name of the training/workshop/coursework and the cost (registration form), proof that you paid, and proof that you completed which needs to show the name. Proof of completion can be: clock hour form, certificate of attendance/completion, or an email from instructor (people) of the workshop that verifies your attendance. Attach forms to an employee reimbursement form and complete.
3. Make sure you have original, detailed receipt and it must show payment (either cash or charge). Do not send just credit card charge slip as this has no detail other than cost and the auditors not only need to see how it was paid, but also what was purchased
4. Please do not highlight items to be reimbursed; please circle or notch. Highlighting can make the item/cost unreadable and therefore, cannot be reimbursed; the auditors need to be able to read.
5. Be sure your name is printed clearly.
6. **ALL reimbursements need to have an authorizing signature of either your principal or District Office person and account code before forwarding to accounting department.**