

**Claim For Expense**

**Print Name:** \_\_\_\_\_

**ACCOUNT CODE MUST BE LISTED BELOW OR FORM WILL BE RETURNED**

|    | <b>Date</b> | <b># Miles Traveled</b> | <b>Destination</b> | <b>Purpose of Travel and/or Description of Purchase(s) – Attached receipts</b> | <b>\$ Amount</b> |
|----|-------------|-------------------------|--------------------|--|------------------|
| 1  |             |                         |                    |  |                  |
| 2  |             |                         |                    |  |                  |
| 3  |             |                         |                    |  |                  |
| 4  |             |                         |                    |  |                  |
| 5  |             |                         |                    |  |                  |
| 6  |             |                         |                    |  |                  |
| 7  |             |                         |                    |  |                  |
| 8  |             |                         |                    |  |                  |
| 9  |             |                         |                    |  |                  |
| 10 |             |                         |                    |  |                  |
|    |             |                         | Total miles        | Mileage expense (total miles x .545) =<br>effective 1-1-2018                   |                  |
|    |             |                         |                    | Total of purchases =   |                  |
|    |             |                         |                    | <b>Grand total due =</b>   |                  |

**Account code(s) to be charged:**

\_\_\_\_\_

\_\_\_\_\_

\*Please Note! This form must be completed in ink, with receipts attached. The form must be signed by the requestor at the top and by the principal at the bottom of the form. Claims received at the District Office by the 5<sup>th</sup> of the month will be paid at the end of that month.

I, the undersigned, do hereby attest under penalty, that the expenses listed in the foregoing are true and correct. I further attest that the expenses are appropriate as defined by South Whidbey School District policies. I request reimbursement for these expenses.

**Requestor**  
**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Title** \_\_\_\_\_

\_\_\_\_\_  
 Signature of Principal                      Date                      District Office Approval Signature

### **Reimbursement for Travel Expense Guidelines:**

- A. Certified claims should be completed in ink (no pencils!) and submitted to the business office by the 5<sup>th</sup> of any month for payment that month.
- B. Documentation of purchases must include a detailed list of the items and proof of payment.
- C. Gratuity will be reimbursed up to 15%
- D. For overnight travel, please use the Overnight Travel Expense Form (see staff resources on the web)

### **Guidelines for proof of payment for documentation purposes includes:**

- 1. The receipt or paid in full invoice must be an original.
- 2. The vendor or individual seller and address must be clearly identified on the cash receipt or invoice.
- 3. The product purchased must be clearly identified on the receipt or paid in full invoice.
- 4. The purchase date must be clearly identified on the receipt or paid in full invoice.
- 5. Packing lists are not valid proof of payment, but should be attached to the receipt or invoice if the item was purchased through mail order.
- 6. If the item was purchased using a credit card, please provide the receipt that identifies the product.
- 7. For book club orders, a copy of the check and order form will constitute a receipt.