SNOHOMISH SCHOOL DISTRICT

1601 Avenue D, Snohomish, WA 98290-1799

Warning! Do not save over this form as it will render it useless. However, you may do a save as (before you enter data) and a save (after you enter data) to retain a copy. Therefore, this original form should remain read-only as a precaution.

Please submit on **blue** paper with original signatures & receipts

Employee Reimbursement Request

(Use separate online form for in-district mileage)

Employee Name_____ **Location**_____

Mailing Address_____ **Date**_____

General Reimbursement

Date	Full Description of Expense -"Where, What, Why" -Attach Original Receipts	Miles	Mileage Expense	Lodging Expense	Meal Expense	Registration Expense	Supply Expense	Other Expense	Total Expense

Certification: I hereby certify, under penalty of perjury, this is a true and accurate claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Employee Signature		Date		Grand Total	

Budget Codes	Amount	Budget Supervisor Signatures

Revised 1/2023