

EXPENSE CLAIM

Nooksack Valley School District

NAME OF CLAIMANT _____

For travel and incidental expenses incurred during the month of _____, 201 ____.
 No receipt is necessary for meals under or at the maximum reimbursement; however for approved meals over the maximum reimbursement, *itemized* receipts are mandatory.

Meals		\$ _____
Mileage _____ x \$.535/mile		\$ _____
Other transportation		\$ _____
Other expenses		\$ _____
Total Due		\$ _____

DETAIL OF ABOVE EXPENSES

*Over Night	Date	Breakfast Max \$10.00	Lunch Max \$15.00	Dinner Max \$20.00	Miles	Location	Purpose of Travel
Y N							
Y N							
Y N							
Y N							
Y N							
	Totals						

OTHER EXPENDITURES (receipts attached)

Date	Paid To	For	Amount
Total			

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.

Office Use Only

Acct. # _____

Claimant signature

Supervisor signature

*Effective January 1, 2000 meal reimbursement incurred with overnight status will be paid through accounts payable. Meal reimbursement incurred with out overnight status is taxable in accordance with the Internal Revenue Service regulations and will be paid through payroll. Reimbursement paid through payroll may be reimbursed quarterly.