



SNOQUALMIE VALLEY

SCHOOL DISTRICT

GENERAL FUND EMPLOYEE EXPENSE REIMBURSEMENT REQUEST

To: Business Office

Date: _____

Claimant's Name: _____ School: _____
(Name must match SVSD HR records)

| Vendor | Materials Purchased | Amount (\$) |
|--------|---------------------|-------------|
| | | |
| | | |
| | | |

Total Amount Claimed: \$ _____

Reason for purchase: _____

“OUT OF POCKET” REIMBURSEMENT FOR EXPENSES MUST BE APPROVED BY THE SUPERVISOR IN ADVANCE.

The Snoqualmie Valley School District will reimburse staff for OCCASIONAL, MINOR “out of pocket” expenses incurred in the performance of their work assignment when the following guidelines/requirements are followed as per District policies and State RCW’s & WAC’s. “out of pocket” expenses are **not to exceed \$200.**

SHIPPED ORDERS MUST BE SHIPPED TO A DISTRICT SITE OR WILL BE DENIED.

Receipts: An **ORIGINAL** itemized receipt for each purchase must be attached to the claim for reimbursement.

- Receipts must itemize purchases. ***Please purchase personal items on a separate receipt.***
- Show proof of payment (if a receipt is not issued, bank statement(s) or a canceled check copy is required).
- For a purchase made online, a copy of the online receipt, copy of the packing slip and proof of payment must be included for reimbursement.

Reimbursement cannot be made without proper documentation. Requests for reimbursement must be submitted within thirty (30) days after the expense is incurred per IRS regulations.

Types of Purchases: **Materials:** Used for emergency orders, vendors who do not accept purchase orders, or the occasional minor “out of pocket” expense(s).

Personnel payments, contractual services and travel are not reimbursable on this form.

- All travel related expenses (conference fee, transportation, meals, etc.) must be submitted on the “Travel Expense Claim Form”.

Payment: Submit the request for reimbursement to your school’s financial secretary. These claims will be processed through the computerized accounts payable system. Requests with missing information, missing signatures, or inappropriate purchases will be returned for correction.

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

Claimant’s Signature: _____ Position: _____ Date: _____

Administrator Name: _____ Title: _____

Administrator Signature (*Original, not stamped*): _____ Date: _____

Account Code: 10 – E – 530 – _____ – _____ – _____ – _____ – _____ – _____ = \$ _____

10 – E – 530 – _____ – _____ – _____ – _____ – _____ – _____ = \$ _____

THE SIGNATURE ABOVE CERTIFIES PURCHASES LISTED ARE APPROVED AND GOODS HAVE BEEN RECEIVED

Business Office Approval: _____ Date: _____