SNOQUALMIE VALLEY
SCHOOL DISTRICT

TRAVEL EXPENSE CLAIM FORM

Employee Name: _____ **Position:** _____ **Date:** _____
(Name must match SVSD HR records)

Reimbursement must be submitted within **thirty (30) days** after the expense is incurred per IRS regulations. The Employee's reimbursement will be deposited into their bank account on the last business day of the month, if this request is received prior to the monthly cutoff date. Please consult the Business Office for cutoff dates: (425) 831-8011. Travel on a normal workday requires your daily commute mileage be removed from the total miles driven.

DATE	DEPARTURE/DESTINATION	PURPOSE/DESCRIPTION	MILES
		TOTAL MILES	

***Attach proof of mileage for out of district travel, (ex. google maps)**

ITEMIZED RECEIPTS MUST BE ATTACHED (CREDIT CARD SLIPS THAT SHOW A TOTAL ONLY ARE NOT ACCEPTABLE) FOR ALL CLAIMED EXPENSES, EXCLUDING MEALS THAT ARE A PERDIEM CLAIM. Copy of Registration Required. Request government rate or conference rate, whichever is lower for overnight lodging. www.gsa.gov/portal/category/100120

DATE	TYPE OF EXPENSE	PURPOSE/DESCRIPTION	AMOUNT
		TOTAL EXPENSES	

TOTAL MILES: _____ **@ $0.67 per mile (eff. 1/1/2024 – 12/31/2024)**

TOTAL EXPENSE: $ _____

TOTAL REIMBURSEMENT: $ _____

CERTIFICATION: I hereby certify under penalty of perjury: that this is a true and correct claim for necessary expenses incurred during the conduct of official school business. That no payment has been received by me on account thereof; that no rebate of any character, kind, or description has been made to me by any person or persons furnishing any of said transportation; that the expenses charged were actually and necessarily incurred and paid by me in lawful money.

Signature of Claimant: _____ DATE: _____

Supervisor Approval: _____ DATE: _____

Account Code: 10 – E – 530 – _____ – ____ – _____ – _____ – _____ – _____ – ___ = $ _____

10 – E – 530 – _____ – ____ – _____ – _____ – _____ – _____ – ___ = $ _____

Business Office Approval: _____ DATE: _____