



1601 Avenue D, Snohomish, WA 98290-1799

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				