



Snoqualmie Valley

School District #410

8001 Silva Avenue S.E., P.O. Box 400, Snoqualmie, WA 98065
Phone (425) 831-8000 ♦ Fax (425) 831-8040 ♦ www.svsd410.org

General Fund Employee Expense Reimbursement Request

To: Business Office

Claimant's Name: _____ School: _____

Amount Claimed: \$ _____

Vendor	Materials Purchased	Amount

Reason for purchase: _____

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" REIMBURSEMENT FOR EXPENSES MUST BE APPROVED BY SUPERVISOR IN ADVANCE.**

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 receipt is not issued, a canceled check copy or bank statement/s 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.

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

RECEIPTS MUST BE RECEIVED WITHIN 60 DAYS OF RECEIPT DATE.

Types of Purchases: **Materials:** Used for vendors who do not accept purchase orders, emergency orders or occasional, minor "out of pocket" expenses.

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 Voucher".

Payment: Submit the request for reimbursement to your schools 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: _____ Title: _____

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

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

Account Code: _____

Business Office Approval: _____ Date: _____