



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 Accounts Payable Reimbursement for Fingerprinting Fee

To: Business Office

Date: _____

Please reimburse _____ (payee) for the fingerprinting fee listed below. I certify under penalty of perjury, that this is a just and correct claim for a necessary and legitimate district expenditure and that no other payment has been made on account thereof.

Employee's Signature: _____

Position: _____

Vendor (where fingerprinted): _____

Amount Claimed for Fingerprinting Fee: \$ _____

NOTE: PLEASE ATTACH ORIGINAL RECEIPT(S). Reimbursement cannot be made without proper documentation. **In addition, request for reimbursement must be submitted within sixty (60) days after the expense is incurred per IRS regulations.** Substantiating materials such as, receipts, dated and itemized invoices, etc., will be attached to this form. 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.

District Use Only

Account Code: 10 – E – 530 – 9700 – 14 – 7310 – 1079 – 0500 – 9000 – 0

Budget Approval: _____ Date: _____

Business Office Approval: _____ Date: _____