



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

ASB FUND EMPLOYEE EXPENSE REIMBURSEMENT REQUEST

To: Business Office

Date: _____

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

Position: _____

School: _____

I certify, under penalty of perjury, that this is a just and correct claim for a necessary and legitimate ASB expenditure and that no other payment has been made on account thereof.

Vendor: _____

Item(s) Purchased: _____

Amount: \$ _____

Reason for Purchase: _____

NOTE: Required for all Secondary ASB purchases to be completed and approved prior to purchases made. Complete and return to ASB Bookkeeper. Keep a copy for club minutes. **This request is valid for requests of minor emergency approved needs.** When a purchase order is unacceptable by the vendor, please check with the district for help with other means of vendor payment before making "out of pocket" purchases. Receipts: An **ORIGINAL** itemized receipt for each purchase must be attached to the claim for reimbursement.

- Receipts must itemize purchases. Purchase personal items on a separate receipt.
- Show proof of payment if receipt is not issued or showing payment, (a canceled check copy or bank or credit card statement(s) required).

Reimbursement cannot be made without proper documentation. Requests for reimbursement must be submitted within sixty (60) days after the expense is incurred per IRS regulations.

ACCOUNT CODE: 40 – E – 530 – _____ – 00 – 0000 – _____ – 0000 – 0000 – 0

CLAIMANT'S SIGNATURE: _____

DATE: _____

ASB STUDENT APPROVAL: _____

DATE: _____

ASB ADVISOR APPROVAL: _____

DATE: _____

BUSINESS OFFICE APPROVAL: _____

DATE: _____