



# 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

Date: \_\_\_\_\_

Claimant's Name: \_\_\_\_\_ School: \_\_\_\_\_  
 (Name must match SVSD HR records)

Vendor	Materials Purchased	Amount (\$)

Total Amount Claimed: \$ \_\_\_\_\_

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 a receipt is not issued, bank statement(s) or a canceled check copy is 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 emergency orders, vendors who do not accept purchase orders, or the occasional minor "out of pocket" expense(s).  
**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 Claim Form".

**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 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Administrator Signature (Original, not stamped): \_\_\_\_\_ Date: \_\_\_\_\_

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

Account Code: 10 – E – 530 – \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_ – \_\_\_\_\_

Business Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_