



VASHON ISLAND SCHOOL DISTRICT #402

Expense Claim Form

PLEASE DO NOT FILL IN THE SHADED AREAS; CENTRAL OFFICE STAFF WILL ENTER THE CURRENT IRS MILEAGE RATE AND CALCULATE BOTH THE MILEAGE REIMBURSEMENT AND TOTAL REIMBURSEMENT.

Name: _____

Date of Expense	Destination	Miles*	Current IRS Rate	Mileage Reimbursed	Ferry** (Commuter Rate)	Meals	Lodging	Parking	SUBTOTAL
TOTAL									

***Please attach a Google map showing the miles to your destination / **Please indicate Car & Driver or Passenger / IMPORTANT: attach confirmation of attendance such as agenda or program**

Purpose of Travel: _____

Other Expenses

Date of Expense	Itemized Expense (Description/Purpose)	SUBTOTAL
TOTAL		

FUND: (Check One)

<input type="checkbox"/>	GENERAL
<input type="checkbox"/>	ASB
<input type="checkbox"/>	CAPITAL

TOTAL REIMBURSEMENT (calculated by Central Office Staff)

Purchase Order (PO) Number or Coding: _____

"I hereby certify under penalty or perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof."

PLEASE ATTACH ORIGINAL RECEIPTS FOR ALL CLAIMS EXCEPT MILEAGE AND FERRY; COPIES ARE NOT ACCEPTED. APPROVAL BY PRINCIPAL OR SUPERVISOR IS REQUIRED. FAILURE TO COMPLY WITH EITHER WILL RESULT IN NO PAYMENT

Employee Signature _____ Date _____

Approval by Principal or Supervisor _____ Date _____ ASB OK: _____