

WASHOUGAL SCHOOL DISTRICT EXPENSE CLAIM

Claimant Name (Please Print)

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

Date

Account Code

Month/Year

Claimant Signature

Administrator's Approval

Detail of Miscellaneous Expenses: Payment will not be made without proper receipts and documentation				
Date	Paid to	For	Amount	Comments

Total of Miscellaneous Expenses: _____

Date	Location	Miles	Purpose of Trip	Meals			Lodging
				Breakfast	Lunch	Dinner	
Total Mileage			x \$0.555 =	TOTALS:			

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Meal Rates

	Total	B	L	D
□	\$46	\$11	\$14	\$21
●	\$51	\$13	\$15	\$23
X	\$56	\$14	\$17	\$25
▼	\$61	\$15	\$18	\$28
■	\$71	\$18	\$21	\$32

\$ Maximum Lodging Rate
 ** Seasonal Lodging Rates (see table)
 POV mileage rate \$.51 per mile
 (Effective January 1, 2011)

** Seasonal Lodging Rates for Counties:

Clallam & Jefferson	07/01 - 08/31	\$123
	09/01 - 06/30	\$93
Grays Harbor	07/01 - 08/31	\$117
	09/01 - 06/30	\$97

