



Expense Claims Procedure

Download this form to your computer, and fill it out using **Adobe Acrobat**. Otherwise, it will not do the calculations for you! Please ask Tech Support for help if you need it.

The following must be included on all expense claim forms

1. Name, date and signature (**signature needs to be original, not a copy**)
2. Budget code
3. Administrator's signature (**signature needs to be original, not a copy**)
4. Explanation for request of funds
5. Original receipts to be attached to match amount requesting. All receipts need to be taped to a regular size piece of paper in the order that you are listing them out on your claim. **Do not add personal items on a District purchase.** Personal items need to be purchased on a separate ticket or receipt
6. For conferences, the agenda is needed to show purpose of conference and to determine per diem for meals plus clock hours/grades for proof of completion.
7. **If you have traveled out of state, please attach a copy of the travel request that is signed by your administrator/approved by the board**
8. Meals are paid only if you are in travel status (overnight stay) or an agenda is provided showing a working lunch.
9. Provide an odometer reading or MapQuest to document mileage claim
10. If the receipts do not show zero balance proving payment made then a copy of bank statement showing payment was deducted from account must be provided
11. If payment was paid by personal check, a receipt or copy of front and back of cancelled check is needed
12. **If an expense claim is paid by ASB budget codes then the form needs to be given to the ASB payables person. ASB claims need to be approved and signed by ASB council.**
13. Send documents to District Office, Accounts Payable

Expense Claims are only paid with:

Signature of claimant and administrator

Budget code

Original receipts

Documentation to match amount requesting

Agendas from conferences

Copy of approved travel request

- Without these items, there will be a delay in payment
- Expense claims will be paid by direct deposit, you should receive an email stating the date and amount of claim.

Please process expense claims monthly

If you have questions or need assistance, please contact:

Kimberly Goodrich, Accounts Payable Officer

kimberly.goodrich@washougalsd.org / 360-954-3006

WASHOUGAL SCHOOL DISTRICT EXPENSE CLAIM

Claimant Name (Please Print)

Mailing Address

City, State, ZIP

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.

Claimant Signature (please use blue ink)

Please make sure you've included these things, so we can help get you reimbursed.

- Original receipts
- Documentation matching amount you've requested
- Conference Agenda
- Copy of approved travel request
- Signature of both claimant *and* administrator
- Budget code

Please read the Expense Claims Procedure on page 3 if you need help gathering these required items.

Date

Account Code

Administrator's Approval

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

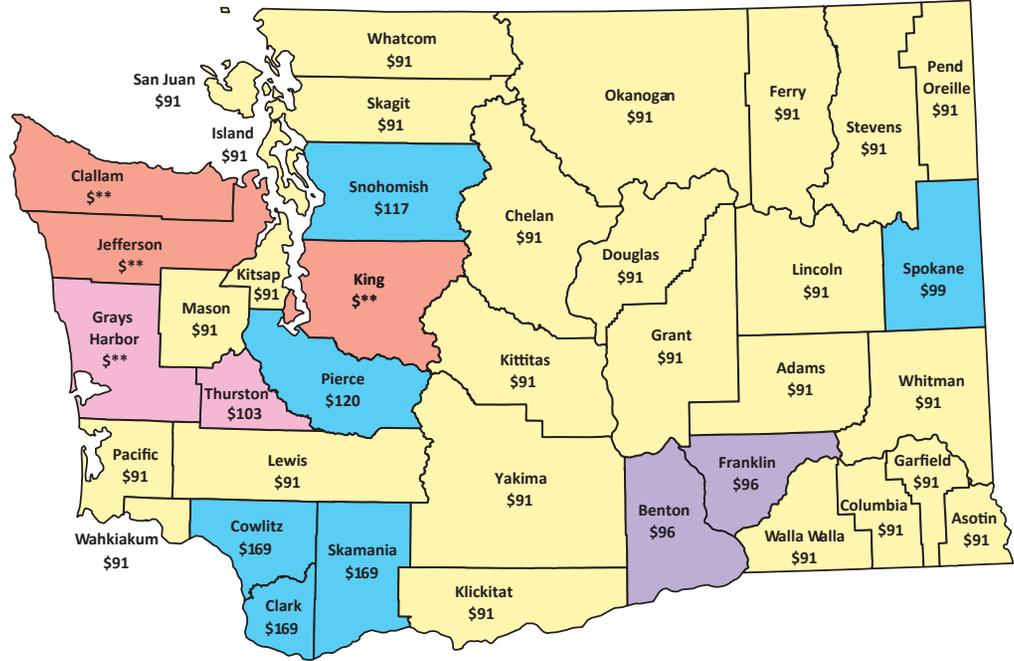
Total of Miscellaneous Expenses: _____

Please use MapQuest or another map webpage to print driving directions & attach to help us verify the miles driven.				Meals			Lodging
Date	Location	Miles	Purpose of Trip	Breakfast	Lunch	Dinner	
Total Mileage			x \$0.545 =	TOTALS:			

GRAND TOTAL CLAIM AMOUNT _____

Date	Location	Miles	Purpose of Trip	Meals			Lodging
				Breakfast	Lunch	Dinner	
Total Mileage			x \$0.545 =	TOTALS:			

Per Diem Rates - As of October 1, 2016



Meal Rates				
TOTAL	B	L	D	
\$51	\$13	\$15	\$23	
\$59	\$15	\$18	\$26	
\$64	\$16	\$19	\$29	
\$69	\$17	\$21	\$31	
\$74	\$19	\$22	\$33	

\$ Maximum Lodging Rate
 ** Seasonal Lodging Rates (see table)

**** Seasonal Lodging Rates for Counties:**

Clallam & Jefferson	07/01 - 08/31	\$144
	09/01 - 06/30	\$102
Grays Harbor	07/01 - 08/31	\$123
	09/01 - 06/30	\$94
King	06/01 - 08/31	\$240
	09/01 - 10/31	\$205
	11/01 - 05/31	\$167

POV Mileage Rate
 The privately owned vehicle mileage reimbursement rate is \$0.535 per mile. (effective 1/1/17)

For Out-of-State Per Diem Rates, refer to the GSA website at: <http://www.gsa.gov>. To get the total meal and incidental expense rate breakdown of individual meal allowances, refer to the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c