



Expense Claims Procedure

Download this form to your computer, and fill it out using **Adobe Acrobat** so it will calculate for you.

Each form must include the following:

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 to 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 accounts payables person for that school. 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, Accounting Manager

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

WASHOUGAL SCHOOL DISTRICT
EXPENSE CLAIM

v.2021

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

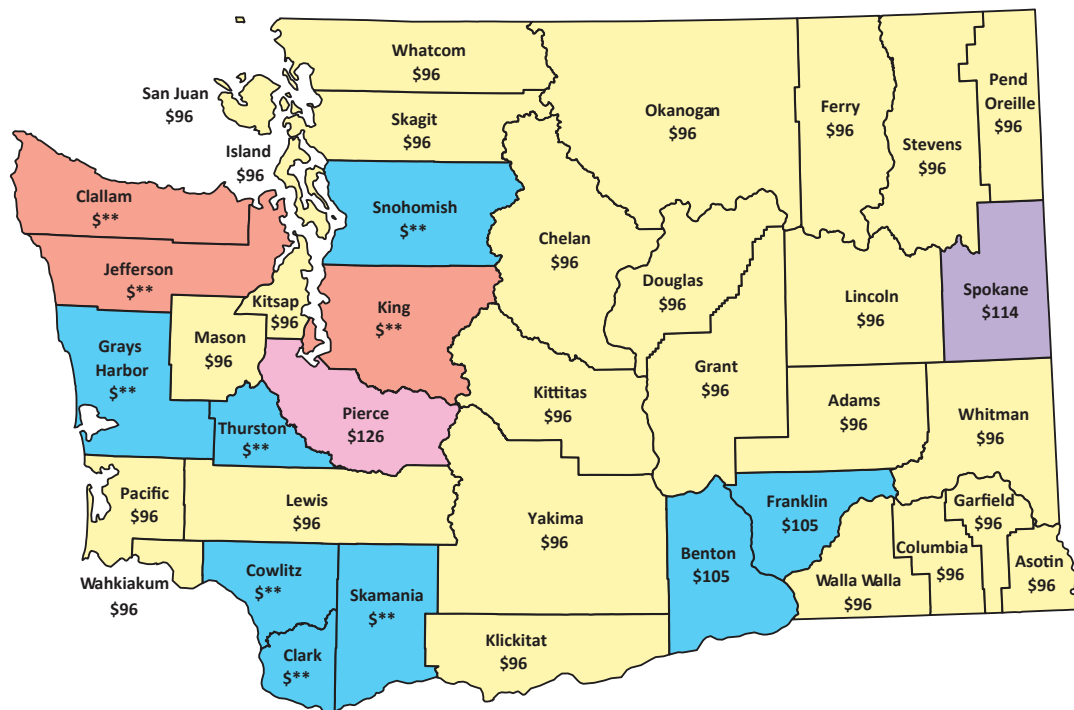
Total of Miscellaneous Expenses: _____

Please use MapQuest or another map webpage to print driving directions & attach to help us verify the miles driven.

Date	Location	Miles	Purpose of Trip	Meals			Lodging
				Breakfast	Lunch	Dinner	
Total Mileage			x \$0.56 =	TOTALS:			

GRAND TOTAL CLAIM AMOUNT _____

Date	Location	Miles	Purpose of Trip	Meals			Lodging
				Breakfast	Lunch	Dinner	
Total Mileage			x \$0.56 =	TOTALS:			



Meal Rates			
TOTAL	B	L	D
\$55	\$14	\$16	\$25
\$61	\$15	\$18	\$28
\$66	\$16	\$20	\$30
\$71	\$18	\$21	\$32
\$76	\$19	\$23	\$34

\$ Maximum Lodging Rate
**** Seasonal Lodging Rates for Counties:**

Clark, Cowlitz, & Skamania	06/01 - 10/31	\$182
	11/01 - 05/31	\$152
Clallam & Jefferson	07/01 - 08/31	\$161
	09/01 - 06/30	\$104
Grays Harbor	07/01 - 08/31	\$137
	09/01 - 06/30	\$111
King	05/01 - 10/31	\$232
	11/01 - 04/30	\$176
Snohomish	06/01 - 08/31	\$139
	09/01 - 05/31	\$116
Thurston	09/01 - 10/31	\$112
	11/01 - 08/31	\$133

POV Mileage Rate

The privately owned vehicle mileage reimbursement rate is \$0.56 per mile. (effective 1/1/2021)

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 the State Administrative and Accounting Manual (SAAM), Subsection 10.40.10.c