PUYALLUP SCHOOL DISTRICT
A Tradition of Excellence

EXPENSE CLAIM FORM

Print
Clear Form

Employee Name: _____ Work Location: _____

Employee Number: E _____ Month/Year: _____

MILEAGE (*attach additional sheets if necessary)*

DATE	FROM	TO	ROUND TRIP MILES	PURPOSE

TOTAL MILES 0.00 x .585 per mile $ 0.00 5858

MEALS & MEETING REFRESHMENTS (*attach receipts, meeting agenda and attendee list)*

DATE	BRKFST $16 Max/pp	LUNCH $17 Max/pp	DINNER $31 Max/pp	MEETING REFRESH	# PEOPLE SERVED	PURPOSE

TOTAL MEALS $ 0.00 5559

OTHER EXPENSES *(attach receipts)*

DATE	VENDOR	PURPOSE/DESCRIPTION OF ITEMS	AMOUNT

TOTAL OTHER EXPENSES $ 0.00 5599

TOTAL REIMBURSEMENT REQUESTED $ 0.00

APPROVAL

Immediate Supervisor Signature Date

Budget Authority Signature Date

BUDGET CODE(S)	AMOUNT OR PERCENT

CERTIFICATION

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

Claimant's Signature Date