



TRAVEL EXPENSE REIMBURSEMENT FORM

Vendor Number

Employee Name _____ Date _____

Purpose of Travel _____

PRIVATE AUTO MILES (Beginning destination point from assigned building)

To _____ miles @ \$0.54 per mile

\$

*****THIS SECTION MUST BE COMPLETED*****

Date and Time of Departure: _____ am pm

Date and Time of Return: _____ am pm

PER MEAL RATE: (Detailed Receipts required for meals IF no overnight stay)

Date (M/D/Y)	Breakfast \$16	Lunch \$17	Dinner \$31	
Totals	\$	\$	\$	\$

NOTE:
All meal reimbursements are taxable income if no overnight stay is involved.

LODGING & OTHER MISCELLANEOUS EXPENSES (Please attach original receipts)

Description	Explanation	
Lodging		\$
Registration		\$
Parking/Ferry Tolls		\$
Other		\$

Less Travel Advance (if received)

(\$ --)

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 by me on account thereof. I also certify under penalty of perjury that I have not acquired any personal benefits such as rebates, frequent flyer miles or other personal gift points for expenses that are being reimbursed by the Mount Vernon School District as a direct result of any or all expenses incurred. I also hereby certify under penalty of perjury, that I have a valid driver's license and I have current minimum auto insurance required by the State of Washington.

BALANCE

\$

Employee Signature	Date
Supv/Mgr of Chargeable Budget Signature	Date

Account Codes	Amount