Tumwater School District No.33
Non-Employee Claim for Expenses

Legal Name: _____ **Date:** _____

Mailing Address: _____
(Street) *(City)* *(Zip)*

Primary Site: _____

Certification: I hereby certify under penalty of perjury that this is a true and correct claim for expenses incurred by me while on school district business and that to the best of my knowledge expenses are eligible for reimbursement under school district policies and procedures.

Claimant Signature: _____

Summary of Expenses

Month/Year: _____

Reimbursable Expenses:

Expense 1 (original detailed receipts required). . . . . $ _____
Expense 2 (original detailed receipts required). . . . . $ _____
Expense 3 (original detailed receipts required). . . . . $ _____
Expense 4 (original detailed receipts required). . . . . $ _____

Total Expenses: $ _____

Amount	Budget Account Code	Notes
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____
$ _____	_____	_____

Approved by: ASB expenses must be approved by Student Council

		Date:
Building Laison	_____	_____
Building Admin.	_____	_____
ASB	_____	_____
ASB	_____	_____
ASB	_____	_____

Updated 1/19/2017