



Tumwater School District No.33

Non-Employee Claim for Expenses

Legal Name: _____ Date: _____

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

Phone: _____ Email Address: _____

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: \$ _____

<u>Amount</u>	<u>Budget Account Code</u>	<u>Notes</u>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

Approved by: ASB expenses must be approved by Student Council

Building Liaison _____ Date: _____
Building Admin. _____
ASB _____
ASB _____
ASB _____