

Claim for Travel Expenses
INSIDE SPOKANE COUNTY

Central Valley School District No. 356
East 19307 Cataldo
Spokane Valley, Washington 99016

Taxable Meals
(Indicate by ✓)

Name _____ **School** _____

Destination _____ **Conference or Meeting** _____

Travel — In Spokane County		
11___	Meals	\$ _____
12___	Hotel/Motel Room (s)	\$ _____
13___	Mileage (miles x rate)	\$ _____
14___	Registration	\$ _____
15___	Other Transportation	\$ _____
16___	Miscellaneous Expenses	\$ _____
	TOTAL	\$ _____

For travel and incidental expenses incurred during the month of _____, 20____ as shown in detail on reverse hereof, and receipted sub-vouchers attached.

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 by me on account thereof.

SIGNATURE _____

TITLE _____

SUPERVISOR APPROVAL _____

BUDGET CODE _____

IN ORDER FOR THIS CLAIM TO BE PROCESSED FOR REIMBURSEMENT, YOU MUST:

1. Complete reverse side
2. Attach all receipts.

