



Expense Reimbursement Form

City of Arlington
238 N. Olympic Ave
Arlington, WA 98223

Claim of:

Department:

For travel and expenses incurred during the month of _____, 2016

Fill in ONLY the areas on Pages 1 & 2 as appropriate

Be sure to sign at the bottom

Claim will not be accepted unless all information is shown in detail and receipts are provided.

Do Not Fill In This Area – Values in this area are auto populated based on the information you provide on page 2

Per Diem Meeting Expense Reimbursement*

Miles @ .540 per mile.....

Other Expenses.....

Claims Subtotal.....

***Attach Agenda or Meeting Notice – Paid through Payroll – Mayor/City Council Only**

CERTIFICATION

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

APPROVED: _____

BUDGET#:

The attention of the claimant is called to RCW 9.72.030, which provides that any person swearing falsely in an affidavit shall be guilty of perjury in the second degree, and shall be punished by imprisonment in the state penitentiary for not more than five years, or by imprisonment in the county jail for not more than one year.

SIGNED: _____

TITLE:

I, the undersigned, do hereby certify under penalty of perjury that the materials have been furnished, the services rendered or the labor performed as described herein, that any advance payment is due and payable pursuant to a contract or is available as an option for full or partial fulfillment of a contractual obligation, and that the claim is a just, due and unpaid obligation against the City of Arlington and that I am authorized to authenticate and certify to said claim.

