

TACOMA SCHOOL DISTRICT NO. 10
Employee Reimbursement Claim Form



Employee I.D. # _____

Name _____

Home Mailing Address _____

City, State, Zip _____

1. Accounting information, Employee Signature and BRC Signature are required for reimbursement.
2. **ORIGINAL** itemized receipts must be attached.
3. For ANY food/beverage(s) purchased, a copy of a NON-TRAVEL MEAL & LIGHT REFRESHMENT CONSUMPTION FORM must be completed w/signatures and attached, along with a sign-in sheet for those who attended the meeting/event.
4. Petty cash will be given for any reimbursement under \$50. Employees must come to the Finance Office to claim their cash reimbursement.

Purchase Date	Place Purchased	Reason for Purchase	Amount
Total Reimbursement Amount:			

****Payment positively cannot be made without an Employee & BRC Authorizing Signature****

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.

Employee Signature _____

Title _____

Date _____

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 and that the claim is a just, due, and unpaid obligation against Tacoma School District No. 10 and that I am authorized to authenticate and certify to said claim.

BRC Authority Signature _____

Title _____

Date _____

BRC Authority Signature _____

Title _____

Date _____

Company	Accounting Example: 97000.13.501011 5510	Activity For Technology & CAP use only

PAYMENT CANNOT BE MADE WITHOUT ACCOUNTING INFORMATION FILLED IN ABOVE

Accounting Approval	Date of Payment

For Finance use only

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