



**Washington  
Association of  
Maintenance  
and  
Operations  
Administrators**

\_\_\_\_\_ Budget Area to be Charged

## Travel Reimbursement Request Form

This form is to be used to claim expenses and other reimbursements for travel. Detailed receipts with a breakout of claimed charges required for all expenses except car mileage. Mileage will be reimbursed based upon the most direct route between the point of origin and the destination, and return.

**Distances shall be as indicated on latest official State Highway map or electronic program.**

Name: \_\_\_\_\_ WAMOA Office Position: \_\_\_\_\_

School District: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **EXPENSES**

Point of Origin: \_\_\_\_\_ Destination: \_\_\_\_\_

Date Left: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Trip Purpose: \_\_\_\_\_

### **Transportation**

Common Carrier (1) \$ \_\_\_\_\_

Car Mileage \_\_\_\_\_ x 2 (2) **x .50 rate** \$ \_\_\_\_\_

Parking/Toll \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL Transportation** \$ \_\_\_\_\_

**Lodging (3)** \$ \_\_\_\_\_

Other Expenses (Identify on Receipts)

### **Meals (Must be listed separately) (4)**

Day 1) Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_

Day 2) Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_

Day 3) Breakfast \$ \_\_\_\_\_ Lunch \$ \_\_\_\_\_ Dinner \$ \_\_\_\_\_

TOTAL Meal Expense \$ \_\_\_\_\_

**TOTAL REIMBURSEMENT** \$ \_\_\_\_\_

**I, the undersigned, do hereby certify that the above expenses are true, just and correct against WAMOA.**

Checks will be made out to the person file claim and sent to them at their school districts address, unless directed otherwise by special instructions on reverse side.

(1) Must be approved by WAMOA President. (2) Round trip most via route. (3) Hotel's commercial rate:

\$100.00/day maximum unless approved in advance. (4) Meals not to exceed %50.00/day total. Attach detailed Receipts.