



WASHINGTON ASSOCIATION OF MAINTENANCE & OPERATIONS ADMINISTRATORS

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 are 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 routing 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 _____	<u> x .55 </u>	\$ _____
miles (2)	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.

SIGNED: _____ DATE: _____

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

(1) Must be approved in advance by WAMOA President. (2) Round trip via most direct route. (3) Hotel's commercial rate: \$100.00/day maximum unless approved in advance. (4) Meals must not exceed \$50.00/day total. Attach detailed receipts.