



310 SW 16th St • Chehalis, WA 98532

EMPLOYEE REIMBURSEMENT FORM (NON-TRAVEL)

NAME: _____

Address: _____

Phone #: _____ Building: _____

DATE	VENDOR	PURPOSE/DESCRIPTION	AMOUNT	office use only COMP TAX?
~ ORIGINAL, ITEMIZED RECEIPTS REQUIRED FOR REIMBURSEMENT ~			TOTAL=	

ALL ORIGINAL, ITEMIZED RECEIPTS MUST BE INDIVIDUALLY TAPED (NOT STAPLED), IN ORDER LISTED, TO A SEPARATE SHEET*

**add sheets as necessary*

I, the undersigned, do hereby certify under penalty of perjury that the materials furnished, services rendered or expense incurred is a true and correct expense; that the claim is just and due; and that I am authorized to purchase the items listed above.

I understand that my reimbursement will be deposited into the bank account on file for payroll. If alternate account is preferred, complete and attach ACCOUNTS PAYABLE DEPOSIT FORM. Future reimbursements will be deposited into the account listed on this form.

Signature: _____ date: _____

Administrator approved signature: _____ date: _____

ASB or Office Use ONLY	ASB or Office Use ONLY
ACCOUNT CODE	AMOUNT
TOTAL=	

=TOTALS MUST MATCH

I prefer to have my reimbursement deposited to an alternate account. A/P Deposit Form attached. _____ (Initial)