

## **Guidelines for Employee Reimbursements**

**All claims for reimbursement must be submitted to the district Accounting Dept. no later than thirty (30) calendar days following the receipt date. Claims submitted after thirty (30) calendar days may not be eligible for reimbursement.**

The following must be met before this form can be processed for reimbursement. **Incomplete forms will delay your reimbursement.**

- Please **print** or **type** (Do not use pencil.)
- Please enter your full name and complete home address. (Wherever you receive personal mail.) **ALL REIMBURSEMENTS ARE MAILED.**
- Attach (staple securely) all **ORIGINAL ITEMIZED** receipts to the back of this form.
- Employee claiming reimbursement and their Administrator must sign and date this form.
- Administrators submitting their own personal claim must sign as "employee" only and have his/her supervisor sign as administrator.
- A complete district account code to be charged for this reimbursement must be noted.

### **RECEIPT POLICY**

- **ORIGINAL ITEMIZED** documentation/ receipts from vendor must be attached. Copies are not acceptable. Please do not use highlighter pens to mark receipts.
- Receipts should show only the charges to be reimbursed by the District.

**Please do not mix personal purchases with school purchases on the same receipt.**

- Bankcard receipts are acceptable if they are itemized, otherwise they are used as proof of purchase only.

### **WHEN TO EXPECT PAYMENT**

- Please allow at least 3 weeks for processing.



**EXPENSE VOUCHER  
for PURCHASES**

Wenatchee School District #246  
235 Sunset Ave., Wenatchee, WA 98801

**INSTRUCTIONS:**  
Please see reverse  
side of form.

**DO NOT USE THIS FORM FOR TRAVEL EXPENSES.**  
*This form is for purchases that cannot be made through a Purchase Order. Please attach ORIGINAL itemized receipts that show full payment for all items.*

Reason for using this form:

- Vendor does not accept PO's
- Other: \_\_\_\_\_

Pay to the order of: \_\_\_\_\_

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

School/Location: \_\_\_\_\_

Date of Purchase	Vendor	Items Purchased and <u>Reason for Purchase</u>	Amount	Budget Code to Charge
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	
			\$	

**TOTAL DUE EMPLOYEE \$ \_\_\_\_\_**

**CERTIFICATION:** 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.

Employee/Payee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Administrator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASB Advisor Signature (Required for ASB Purchases): \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature (Required for ASB Purchases): \_\_\_\_\_ Date: \_\_\_\_\_