

**ALMIRA SCHOOL DISTRICT #17
ALMIRA, WASHINGTON
CLAIM FOR EXPENSES**

For traveling and incidental expenses incurred during the month of _____
20___, as shown in detail on the reverse side.

* Meals \$ _____

* Meals subject to payroll taxes \$ _____

* Lodging \$ _____

Mileage \$.655 as of 01/2023 \$ _____

	<u>Other Expenses</u>	
Item		Amount
_____		\$ _____
_____		\$ _____
_____		\$ _____
_____		\$ _____
	Tax	\$ _____
	Total	\$ _____

*Must be supported by receipts

CERTIFICATION

I, _____, holding the position of _____ do 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's Signature _____

Building Administrator's Signature _____

