



PETTY CASH REIMBURSEMENT CLAIM FOR EXPENSES FORM
REFERENCE POLICY MANUAL – PART 2 – TRAVEL AUTHORIZATION &
REIMBURSEMENT
 (\$50.00 or less only)

THIS IS SIDE “A”
FILL OUT
SIDE “A” FIRST

RECEIPTS MUST
BE ATTACHED

EMPLOYEE (Please print)

TITLE _____ DEPARTMENT _____

You must do the following self-test to assure that you understand the ramifications and eligibility of this reimbursement, which if it is applicable, includes the IRS qualifications for a taxable or non-taxable benefit.

Questions to be answered in order	Yes	No
1. Is this request for reimbursement for a meal you consumed? – if “no” turn to side “B” and complete your request for reimbursement.		
2. Were you in “travel status”(i.e., overnight stay, reference Policy 1.04 (4)) while consuming this meal? - if “yes” turn to side “B” and complete your request for reimbursement.		
3. Was this a business meal that could have reasonably occurred during a non-meal period?		
4. Was this a regularly (either monthly, bi-monthly, quarterly, etc) scheduled meeting that during the meeting you consumed a meal? – if so this meal is NOT eligible for reimbursement		
5. Was the meal you consumed out of Thurston County? - and if so where?		
6. Was this meal consumed at a meeting your supervisor asked you to attend in their absence the same day as the meeting?		
7. Did you attend a special not-regularly scheduled business meeting that you consumed the meal?		
8. If none of the above applies please explain your reasons for requesting reimbursement of the meal consumed.		



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EMPLOYEE (Please print) _____

TITLE _____ DEPARTMENT _____

DATE	BARS#					PROJECT	ACTIVITY	NATURE OF BUSINESS	AMOUNT
TOTAL EXPENSE REIMBURSEMENT REQUEST									
PAID OUT BY (Initials)									

Note: All expenses shall be countersigned by a supervisor
 I hereby certify, under penalty of perjury, that this is a true, accurate, and a correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

REQUESTOR: _____

I hereby certify, under penalty of perjury, that the expenses presented have been certified to be as a just due and unpaid obligation against the City of Tumwater, and that I am authorized to authenticate and certify the said claim.

APPROVAL: _____

ADMINISTRATION ONLY: Is this a taxable or non-taxable event? If this is a taxable event this form must be copied and passed to payroll.

PAYROLL ONLY: This was processed on _____ by _____