



PETTY CASH REIMBURSEMENT CLAIM FOR EXPENSES FORM
REFERENCE POLICY MANUAL – PART 2 – TRAVEL AUTHORIZATION &
REIMBURSEMENT
 (\$20.00 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.		



PETTY CASH REIMBURSEMENT CLAIM FOR EXPENSES FORM
REFERENCE POLICY MANUAL – PART 2 – TRAVEL AUTHORIZATION & REIMBURSEMENT
 (\$20.00 or less only)

**THIS IS SIDE "B"
 FILL OUT
 SIDE "A" FIRST**

**RECEIPTS MUST
 BE ATTACHED**

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 _____