



**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.		



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EMPLOYEE (Please print)

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TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_

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

**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 \_\_\_\_\_