Washington Association of **Maintenance** and **Operations Administrators**

_____ Budget Area to be Charged

Non -Travel Reimbursement Request Form

This form is to be used to claim reimbursements for all non- travel expenses. Signed or initialed receipts are required for all expenses.

Name _____ WAMOA Office/Position _____

School District _____ Phone ( ) _____

Address _____

City _____ Zip _____

Invoice or Receipt No.	Date	Account Code	Description of Expense	Amount

TOTAL Reimbursement $ _____

I, the undersigned, do hereby certify that the above expenses are true, just and correct charges against WAMOA.

SIGNED: _____ DATE: _____

Checks will be made out to the person filing claim and sent to them at their school district address, unless directed otherwise by special instructions on reverse side.