EXPENSE/CLAIM REIMBURSEMENT REQUEST

Agency/Person Requesting Reimbursement							
Date		Incident Name					
Agency/Person						Resource #	
Mailing Address							
City				State		Zip Code	
Federal Tax ID#/SSN				Contact #			

Expense/Claim Information					
Date(s)		**Type****		**Total**	
Expense Description					
Vendor Name/ Location					
Date(s)		**Type****		**Total**	
Expense Description					
Vendor Name/ Location					

** Type: H – Hotel, M – Meal, L – Equipment Loss, D – Equipment Damage

REQUIRED DOCUMENTATION:

Hotel – Receipt showing the hotel name, address, date/time of stay, room cost per night and total cost. Name of person(s) staying in the room. Lodging costs are not reimbursable unless authorized by Mobilization staff. Must comply with Washington State Per Diem guidelines.

Meal – Receipt showing the restaurant name, address, date/time of purchase, cost per meal, including tip. Name of person(s) who ate. Meals are not reimbursable unless authorized by the IC or Mobilization Staff. Must comply with Washington State Per Diem guidelines.

Loss/Damage – A completed Loss/Damage Report showing loss or damage was a result of the incident. Receipts for repairs showing vendor name, address, date/time of purchase and detail of work performed or service provided.

* An IRS Form W-9 is required for all reimbursements to private individuals.

Submittal of forms is not a guarantee of reimbursement. All reimbursement requests are subject to review and approval.

Return completed request and supporting documentation within 45 days of the end of the incident to:

Mobilization Section
PO Box 42600
Olympia WA 98504-2600

Email: FPBMobe@wsp.wa.gov Fax: 360.596.3937