

BAINBRIDGE ISLAND SCHOOL DISTRICT #303

TAXABLE MEAL REIMBURSEMENT VOUCHER (SUBMIT TO PAYROLL)

EMPLOYEE _____ MONTH _____ YEAR _____
 LOCATION _____

DATE	DESTINATION	EXPENSES:	DESCRIPTION

EMPLOYEE REIMBURSEMENTS FOR MEAL EXPENSES ON TRIPS THAT DO NOT INVOLVE AN OVERNIGHT STAY ARE GENERALLY TAXABLE WAGES. THE MEAL REIMBURSEMENT IS SUBJECT TO FEDERAL WITHHOLDING AND FICA MEDICARE AND UNEMPLOYMENT TAXES.

ACCOUNT CODE TO BE CHARGED (REQUIRED): _____

I HEREBY CERTIFY UNDER PENALTY OF PERJURY THAT THIS IS A TRUE AND CORRECT CLAIM FOR NECESSARY EXPENSES INCURRED BY ME FOR SCHOOL DISTRICT PURPOSES.

	\$	
	\$	
OTHER EXPENSES (ATTACH RECEIPTS)	\$	
TOTAL REIMBURSEMENT REQUEST	\$	

 EMPLOYEE SIGNATURE DATE SUPERVISOR APPROVAL DATE

TAXABLE MEAL REIMBURSEMENT VOUCHER 1-06