

GRAYS HARBOR COUNTY

REIMBURSEMENT CLAIM CERTIFICATION

(Per RCW 42.24.090 and GH County resolutions)

PURPOSE: \_\_\_\_\_  
\_\_\_\_\_

REIMBURSEMENT FOR REASONABLE AND NECESSARY EXPENSES IS HEREBY REQUESTED FOR:

MEALS: \_\_\_\_\_

MILEAGE ( \_\_\_\_\_ MILES @ \$ \_\_\_\_\_ ): \_\_\_\_\_

MOTEL: \_\_\_\_\_

SUPPLIES: \_\_\_\_\_

TUITION: \_\_\_\_\_

OTHER: \_\_\_\_\_  
\_\_\_\_\_

Subtotal \$ \_\_\_\_\_

Less: Advances (if any) - \$ \_\_\_\_\_

TOTAL DUE EMPLOYEE: \$ \_\_\_\_\_

OR

TOTAL DUE COUNTY: \$ \_\_\_\_\_

CERTIFICATION

I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received on account thereof.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Print Name: \_\_\_\_\_