

WABO EXPENSE REIMBURSEMENT FORM

Name: Jon Siu						Phone: 206-233-5163					
Address: 700-5th Ave, Ste 2000; PO Box 34019; Seattle, WA 98124-4019											
Signature: (signed)											
		Event									
Event/Purpose		Date(s):	9/11/2017								
							_				
Date	Expense Description	Public Transport (e.g., airfare)	Personal Vehicle Expense*	Hotel	Meals	Other (explain below)	TOTAL				
10-Sep	Airfare, airport- hotel bus, meal per diem, home- airport mileage	\$259.05	\$4.28		\$54.00	,	\$317.33				
·	Airfare, hotel, hotel-airport bus, meal per diem, airport-home			#405.40							
11-Sep	mileage	\$259.05	\$4.28	\$135.13	\$54.00		\$452.46 \$0.00				
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							\$0.00				
							\$0.00				
							\$0.00				
							\$0.00				
Comments/Explanations:				Less cash advance							
				Less personal expenses							

INSTRUCTIONS: Please print or type and provide legible copies of all required receipts. See WABO expense reimbursement policy for allowable reimbursements and required receipts.

TOTAL REIMBURSEMENT

\$769.79

(*) Personal Vehicle Expense is calculated as miles traveled times the prevailing GSA current mileage rate. 2017 GSA rate: \$0.535/mi

Remit to: WABO PO Box 7310 Olympia WA 98507-7310



WABO EXPENSE REIMBURSEMENT FORM

Name: Jon Siu						Phone: 206-233-5163		
Address:	700-5th Ave, Ste 2	2000; PO Box 34	1019					
Signature:	(signed)	Date:						
			Event					
Event/Purpose:		Date(s).	9/11/2017					
Date	Expense Description	Public Transport (e.g., airfare)	Personal Vehicle Expense*	Hotel	Meals	Other (explain below)	TOTAL	
Date	Airfare (round	(e.g., airiaie)	Expense	Hotel	ivieais	Delow)	TOTAL	
10-Sep	trip)	\$512.60					\$512.60	
10-Sep	Bus (airport- hotel, round trip)	\$5.50					\$5.50	
10-Sep	Meal per diem (2 days)				\$108.00		\$108.00	
11-Sep	Hotel			\$135.13			\$135.13	
11-Sep	Mileage (16 miles home-airport, round trip)		\$8.56				\$8.56	
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							\$0.00	
Comments/Explanations: Please make check out to City of Seattle.				Less cash advance				
				Less personal expenses				

INSTRUCTIONS: Please print or type and provide legible copies of all required receipts. See WABO expense reimbursement policy for allowable reimbursements and required receipts.

TOTAL REIMBURSEMENT

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