



## Community Member Compensation Request

\_\_\_\_\_  
 Name Email Phone Number

\_\_\_\_\_  
 Workgroup/Project Name Date

**Requested Method of Payment**

Electronic Bank Deposit\*       Paper Check\*      \*Statewide Vendor Number \_\_\_\_\_

For a change of address for Statewide Vendor Numbers, use this link to update [Changing your vendor registration](#).

Download Vendor Number Registration form [HERE](#). A vendor number must be obtained to claim a payment. Please allow a minimum of 10 business days for the Office of Financial Management to set up a vendor record.

\*\*Mailed to your provided address or provided in person.

Mailing Address

\_\_\_\_\_  
 Address Line 1, City, State, Zip Code

\_\_\_\_\_  
 Address Line 2, City, State, Zip Code

Itemized Expenses


Meeting Date: \_\_\_\_\_ If traveling, departure time and date \_\_\_\_\_ Return Time and Date \_\_\_\_\_

		Number	Amount
Stipend – Meeting	Enter Number of Hours and Amount		\$
Stipend – Other Duties	Enter Number of Hours and Amount		\$
Child/Adult Care	Enter Number of Hours and Amount		\$
Mileage	Enter Number of Miles and Amount		\$
Lodging	Enter Number of Nights and Amount		\$
Airfare	Enter Amount		\$
Parking/Tolls	Enter Amount		\$
<b>Total Requested Amount</b>			

\*Parking/Tolls, etc, please describe \_\_\_\_\_

Please attach copies of receipts/invoices for all child/adult care, lodging, airfare, and parking/tolls, etc

By signing, 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 by me on account thereof.

\_\_\_\_\_  
  
 Signature

### Maximum allowable lodging rates by month

Primary destination	County	2023			2024									
		Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	
Standard Rate	Applies for all locations without specified rates	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107	\$107
Everett / Lynnwood	Snohomish	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$116	\$139	\$139	\$139	\$116
Ocean Shores	Grays Harbor	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$111	\$146	\$146	\$111
Olympia / Tumwater	Thurston	\$132	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$153	\$132
Port Angeles / Port Townsend	Clallam / Jefferson	\$129	\$129	\$129	\$129	\$129	\$129	\$129	\$129	\$129	\$129	\$219	\$219	\$129
Richland / Pasco	Benton / Franklin	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118	\$118
Seattle	King	\$232	\$176	\$176	\$176	\$176	\$176	\$176	\$176	\$232	\$232	\$232	\$232	\$232
Spokane	Spokane	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127	\$127
Tacoma	Pierce	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132	\$132
Vancouver	Clark / Cowlitz / Skamania	\$182	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$152	\$182	\$182	\$182	\$182

### Meal rates

Primary destination	County	Meals & incidental expenses total			
		Breakfast	Lunch	Dinner	
Standard rate	Applies for all locations without specified rates	\$59	\$14	\$17	\$28
Everett / Lynnwood	Snohomish	\$74	\$18	\$20	\$36
Ocean Shores	Grays Harbor	\$74	\$18	\$20	\$36
Olympia / Tumwater	Thurston	\$74	\$18	\$20	\$36
Port Angeles / Port Townsend	Clallam / Jefferson	\$74	\$18	\$20	\$36
Richland / Pasco	Benton / Franklin	\$69	\$17	\$19	\$33
Seattle	King	\$79	\$19	\$22	\$38
Spokane	Spokane	\$74	\$18	\$20	\$36
Tacoma	Pierce	\$69	\$17	\$19	\$33
Vancouver	Clark / Cowlitz / Skamania	\$74	\$18	\$20	\$36

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14

INTERNAL USE BELOW