

Reimbursement Form:

Submit this form and all corresponding receipts for reimbursement of personal expenditures used in operation of a state vehicle. (I.E. fuel, emergency and expenses paid out of pocket)

---"M" PLATES ONLY ---

| | |
|--------------------------------------|-------|
| NAME: (PLEASE PRINT CLEARLY) | _____ |
| STATE EMPLOYEE ID #: | _____ |
| STATE EMPLOYEE EMAIL ADDRESS: | _____ |

| |
|-------------------------|
| MAILING ADDRESS: |
| _____ |
| _____ |
| _____ |

| | |
|--------------------|----------------|
| WORK PHONE: | AGENCY: |
| (_____) _____ | _____ |

| |
|---|
| STATE VEHICLE LICENSE PLATE #: (I.E. 00001M) _____ |
|---|

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| REASON FOR REIMBURSEMENT: (i.e. fuel card not working, pay at the pump problem, etc.) |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

Signature: _____ **Date:** ____/____/____

Supervisor: (if required) _____

Please complete and return this form, along with all original receipts, to:
DES Fleet Operations, PO Box 41032, Olympia, WA 98504-1032;
or send all documents electronically to MPmail@des.wa.gov.