Workgroup Compensation and Reimbursement Form

Requestor Information

Name	
Address Line 1	
Address Line 2	
City, State, Zip Code	
Statewide Vendor Number	

Advisory Group Information

Meeting or Workgroup Name	
Meeting Date	
If Traveling, Date and Time of Departure	
Date and Time of Return	

Reimbursement Guidance

A Statewide Vendor Number is required for all reimbursements.

Download Vendor Registration Form:

Statewide Vendor/Payee Services | Office of Financial Management (wa.gov)

Receipts are required for all reimbursements excluding stipend and mileage.

Meal Periods:
- Breakfast 6:00am-7:00am
- Lunch 12:00pm-1:00pm
- Dinner 5:00pm-6:00pm

Mileage/Meal Rates:
- Current mileage rate can be found on the below link under the section titled Privately Owned Vehicle Mileage Rate. Mileage rates are updated January 1st of each year.
- Meal rates can be found on the below link under the section titled Meal Rates. Meal rates are updated October 1st of each year.

Per diem rate tables | Office of Financial Management (wa.gov)

For travel or payment specific questions please contact either:

Mackenzie Williams, Accounts Payable Manager

   (360) 902-2873   Mackenzie.Williams@dfw.wa.gov

Alise Silva-Bieker, Disbursements and Inventory Manager

   (360) 902-2358   Alise.Silva-Bieker@dfw.wa.gov

Compensation

		Number	Amount
☐ Stipend	Enter Number of Hours		
☐ Childcare Cost	Enter Number of Childcare Hours and Amount		
☐ Elder Care Cost	Enter Number of Care Hours and Amount		
☐ Meals	Enter number of meals and amount		
☐ Mileage	Enter number of miles and amount		
Total Amount Requested			

Personal Expense Reimbursement

Date	Description	Quantity	Unit Price	Amount
	Total Amount Requested			

Requestor Signature: **Date:**

Approver's Name: **Master Index:**

Approver's Signature: **Date:**

Approver, please route approved form to the Travel Desk inbox at TravelDesk@dfw.wa.gov

Reminder: Attestation Form for Workgroup Member is required for compensation