

SPOKANE COUNTY FIRE DISTRICT 8

Standard Operating Procedures

10.02.06 EXPENSE REIMBURSEMENTS



Adopted:	12/20/16
Reviewed:	12/15/23
Revised:	12/15/23
Approved:	Lonnie J. Rash

Purpose: To outline a uniform system for the reporting and reimbursement of certain reasonable and necessary business expenses incurred by authorized District personnel.

References: P10.02.06 Expense Reimbursement; State of Washington Travel and Transportation Regulations; Office of Financial Management (OFM) Reimbursement Rates for Lodging, Meals, and Privately-Owned Vehicle Mileage; US General Services Administration (GSA) per diem rates for out-of-state travel; Board of Fire Commissioners Resolution 94-03; and, Board of Fire Commissioners Resolution 96-06.

Procedure:

1. The District will reimburse personnel for reasonable and necessary preapproved District-related expenses.
2. Approval.
 - a) All expenses subject to expense accounts shall be approved by the Fire Chief or designee and are subject to review and formal approval by the Board of Fire Commissioners.
3. Mileage.
 - a) A claim may be made for mileage expense incurred by District personnel who use their private vehicle for authorized District business.
 - i. The rate of reimbursement for mileage expense shall be at the current standard mileage rate as designated by State of Washington Travel and Transportation Regulations.
4. Reimbursement Process.
 - a) Members who wish to receive reimbursement from the District for approved District-related expenses shall complete the following forms in their entirety as applicable:
 - i. Expense Account form.
 - ii. Miscellaneous Out-of-Pocket Reimbursement form.
 - iii. Mileage Expense Report form.
 - iv. Missing Receipt Certificate form.
 - v. Travel/Training Request form.
 - b) The following documentation shall be attached to the completed reimbursement form as applicable:
 - i. Expense Receipts.
 - ii. Registration.
 - iii. Meeting/conference Agenda.

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- iv. Per Diem Schedule.
 - c) The Fire Chief or designee shall review and approve or deny all completed requests.
 - d) Approved documents will be forward to Accounts Payable.
 - e) All employee expense reimbursements will be made by direct deposit.
 - i. A completed ACH Request Form shall be submitted to Accounts Payable prior to reimbursement. In the absence of an ACH Request Form, reimbursement will be processed using the employee's payroll ACH information.
- 5. A falsified expense report may result in immediate discharge.

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EXPENSE ACCOUNT

Name _____

Address _____

Reason _____

Period Covered: From _____ To _____

	Date	Date	Date	Date	Date
MEALS					
Breakfast					
Lunch					
Dinner					
Daily Total					

Total Meals \$ _____

Commercial Travel (Attach ticket copy)..... \$ _____

Lodging (Attach copy)..... \$ _____

Mileage: _____ Miles @ _____ cents per mile..... \$ _____

Registration Fee (Attach receipt)..... \$ _____

Other Expenses _____ \$ _____

Total Expenses \$ _____

Audited: _____

Approved: _____

Voucher No.: _____

Date: _____

CERTIFICATION

I do hereby certify under the penalty of perjury this is a true and correct claim for necessary expenses incurred by me, and that payment has been received by me on account thereof.

Signed: _____

Date: _____

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MISCELLANEOUS OUT-OF-POCKET REIMBURSEMENT

NAME _____

ADDRESS _____

Date	Vendor	Item	Amount	Code
		TOTAL	\$	

Attach all receipts to this form.

Invoice _____

Audited _____

Approved _____

Voucher No. _____

Date _____

CERTIFICATION

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Signed: _____

Date: _____

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MILEAGE EXPENSE REPORT

Name _____

Address _____

Period Covered _____

Date	Miles	Location	Purpose

_____ Total miles @ _____ ¢ per mile = \$ _____

Audited: _____

Approved: _____

Voucher: _____ Date: _____

CERTIFICATION

I do hereby certify under the penalty of perjury this is a true and correct claim for necessary expenses incurred by me, and that payment has been received by me on account thereof.

Signed: _____

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SPOKANE COUNTY FIRE PROTECTION DISTRICT 8 Missing Receipt Certification

Vendor: _____ Date: ____/____/____
_____ Dollars _____ Cents Amount: \$ _____

Paid For: _____

Purpose: _____

Code: _____ - _____ - _____ Supervisor Signature: _____

I hereby certify that the receipt for this purchase was lost or destroyed, and that this purchase was for legitimate purposes for Spokane County Fire District 8, and that I will be personally responsible for any finance fees that have incurred because of the delay in payment.

Signature: _____ PIN: _____

Printed Name: _____ Approved (801): _____

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Spokane County Fire District 8 Travel/Training Request

To be completed by SCFD8 member requesting to attend travel or training:

Name: _____ Date Submitted: _____

Address: _____

I request to attend: (attach registration/brochure) _____

Departure: (Date & Time) _____ Return (Date & Time) _____

Registration Fee: \$ _____

Total Meals for ____ days: \$ _____

Lodging: ____ days @ _____ Conf. #: _____ \$ _____

Transportation: _____ \$ _____

Personal Vehicle: _____ Miles @ _____ Cents per Mile \$ _____

or District Vehicle Assigned: _____

Misc. Expense: _____ \$ _____

TOTAL: \$ _____

Purpose or professional development I seek to obtain: _____

Member Signature _____

Request Approved Yes No

Comments:

Request Approved: Yes No

Comments:

Fire Chief or Designee

Date

Per Diem:
Meals: Yes No
Lodging: Yes No
Mileage: Yes No
Warrant: _____
Date: _____

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All travel by personnel representing Spokane County Fire District 8 shall comply with current District Policy and Standard Operating Procedures.

Travel/Training Request Authorization:

A Travel/Training Request form and a copy of the registration or meeting notification shall be submitted to the Fire Chief or his/her designee for approval and processing a minimum of 3 weeks in advance of the travel/training date.

All expenses subject to expense accounts shall be authorized by the Board of Fire Commissioners upon recommendation of the Fire Chief.

Registration Fee:

Registration will be processed after a Travel/Training Request form has been submitted to and approved by the Fire Chief or his/her designee.

Lodging:

Lodging will be processed after a Travel/Training Request form has been submitted to and approved by the Fire Chief or his/her designee.

Per Diem – Meals:

The District will provide for meals during approved travel at the current rates established by the State of Washington Travel and Transportation Regulations or applicable GSA Per Diem rate. Per Diem is a set amount per day and is adjusted for time of departure and return. Members may receive advanced Per Diem rate prior to departure upon completion and approval of a Travel/Training Request form.

Mileage Expense:

A claim may be submitted for mileage expense incurred by District personnel who use a private vehicle for authorized District business. Authorization for use of a personal vehicle for District business shall be secured before the fact from the Fire Chief or his/her designee.

Claims for mileage expense must be made in detail on an approved District Mileage Expense Report form and signed in certification to comply with state law, RCW 42.23.090. Claims for advanced travel in a privately owned vehicle shall be made and approved prior to the fact using a Travel/Training Request form.

The rate of reimbursement for mileage expense shall comply with State of Washington Travel and Transportations Regulations.

Expense Reports:

Expense accounts shall be submitted to Administration on an approved District Expense Account form for reimbursement within 30 days after an expense is incurred.

Expense account reports shall be accompanied by all receipts and shall be signed and dated.

All expense related reports are subject to review by of the Board of Fire Commissioners and are formally approved during the Approval of Expense Vouchers at their regular meeting.

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Vendor Information

Vendor Name: _____

Vendor Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Phone #: _____

Email Address: _____

Banking Information

Vendor's Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip Code: _____

Bank Contact Name: _____ Phone #: _____

9-Digit Routing #: _____ Account #: _____

Account Type: Checking Savings (*Check One*)

Vendor's Authorization:

Please sign below to confirm you are authorizing Spokane County Fire District 8 (SCFD8) to begin transferring payments for your invoices to the account mentioned above.

Signature: _____ Title: _____

Phone #: _____ Email Address: _____

Please submit this completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information. Mail to: Spokane County Fire District 8, PO Box 345, Valleyford, WA 99036-0345; or email to admin@scfd8.org.

ROUTING: Return to Finance Manager (**NEW HIRE:** Return to HR Manager)

FM: Copy to ACH Binder

ORIGINAL: Personnel File