



Petty Cash Reimbursement Claim For Expenses Form
Policy Manual
(\$50.00 or less only)

Employee (Please print): _____

Title: _____ Department: _____

You must do the following self-test to assure that you understand the ramifications and eligibility of this reimbursement, which if it is applicable, includes the IRS qualifications for a taxable or non-taxable benefit.

Part 1 Travel Authorization & Reimbursement

Questions to be answered in order	Yes	No
1. Is this request for reimbursement for a meal you consumed? – if “no” turn to side “B” and complete your request for reimbursement.		
2. Were you in “travel status” (i.e., overnight stay, reference Policy 1.04 (4)) while consuming this meal? - if “yes” complete Part 2 for your request for reimbursement.		
3. Was this a business meal that could have reasonably occurred during a non-meal period?		
4. Was this a regularly (either monthly, bi-monthly, quarterly, etc) scheduled meeting that during the meeting you consumed a meal? – if so this meal is NOT eligible for reimbursement.		
5. Was the meal you consumed out of Thurston County? - and if so where?		
6. Was this meal consumed at a meeting your supervisor asked you to attend in their absence the same day as the meeting?		
7. Did you attend a special not-regularly scheduled business meeting that you consumed the meal?		
8. If none of the above applies please explain your reasons for requesting reimbursement of the meal consumed.		

