



REIMBURSEMENT FORM: PERSONAL EXPENDITURES FOR STATE FLEET OPERATIONS VEHICLES

I.E. FUEL, EMERGENCY EXPENSES PAID FOR OUT OF POCKET

---"M" PLATES ONLY---

NAME: (PLEASE PRINT CLEARLY)	<input type="text"/>
STATE EMPLOYEE ID #:	<input type="text"/>
STATE EMPLOYEE EMAIL ADDRESS:	<input type="text"/>

MAILING ADDRESS:	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

WORK PHONE:	AGENCY:
(<input type="text"/>) <input type="text"/>	<input type="text"/>

STATE VEHICLE LICENSE PLATE #: (I.E. 00001M)	<input type="text"/>
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REASON FOR REIMBURSEMENT: (i.e. WEX card not working, pay at the pump problem, etc.)
<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Signature: Date: / /

Supervisor:

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.