



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)	_____
STATE EMPLOYEE ID #:	_____
STATE EMPLOYEE EMAIL ADDRESS:	_____

MAILING ADDRESS:	_____

WORK PHONE:	AGENCY:
(_____) _____	_____

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

REASON FOR REIMBURSEMENT: (i.e. Voyager 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 fax all documents to
(360) 438-8239, or send all documents electronically to MPmail@des.wa.gov.

Please always mail the original receipts to DES Fleet Operations, PO Box 41032, Olympia WA 98504-1032.