

# 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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*Spokane County Fire District 8*

**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**

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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### *Spokane County Fire District 8*

#### 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: \_\_\_\_\_

Date: \_\_\_\_\_

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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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SPOKANE COUNTY FIRE PROTECTION DISTRICT 8  
 PO BOX 345  
 VALLEYFORD, WA 99036-0345

**AUTOMATED CLEARING HOUSE (ACH) REQUEST FORM**

**Vendor Information:**

Vendor Name: \_\_\_\_\_

Remittance Address: \_\_\_\_\_

Remittance City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Banking Information:**

Vendor's Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

Bank's City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone #: ( ) \_\_\_\_\_

ABA Routing #: \_\_\_\_\_ Account #: \_\_\_\_\_

Account Type (please check only one)    Checking     Savings

**Vendor's Authorization:**

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

_____ Signature	_____ Title/Email
( ) _____ Phone Number	_____ Date

\*Additional Verification: Previous Bank Account # (if applicable): \_\_\_\_\_

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 Protection District 8, PO Box 345, Valleyford, WA 99036-0345, or email to [ap@scfd8.org](mailto:ap@scfd8.org); or fax to 509-924-8358.

*For AP use only:*

Date Received: \_\_\_\_\_ Pre-Note Verified: \_\_\_\_\_ ID #: \_\_\_\_\_