



**Check Request Form** (Allow 2-3 weeks for processing.)

In accordance with Special Olympics Washington policies, full documentation of funds to be reimbursed are to be submitted to the SOWA office within two weeks of the completion of the event for timely processing.

Payee Signature: \_\_\_\_\_

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

Payee Name: _____	Total Reimbursement Amount: _____
Address: _____	City: _____ State: ____ ZIP: _____
Phone: _____	Email: _____
Team Name: _____	Event: _____

Description of expense / purpose of mileage trip	Receipt detail / miles driven	Amount

**MILEAGE REIMBURSEMENT GUIDELINES**

List each trip above, and provide the **purpose** for each trip along with **proof** of mileage expense in one of two ways:  
 \* MAP: Attach a map of the travel showing the miles driven.  
 \* ODOMETER: Record the beginning and ending odometer readings in the purpose description above.  
 Multiply the miles driven on each trip by **\$0.67** (the 2024 mileage rate). Record the miles and amount for each trip above.

**SOWA STAFF USE ONLY**

Print Manager's Name : \_\_\_\_\_ Manager Signature: \_\_\_\_\_

Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

GL Code: \_\_\_\_\_ Funding Source: \_\_\_\_\_ Class: \_\_\_\_\_