Special Olympics
Washington

Check Request Form *(Allow three 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 (2) weeks of the completion of the event.

Payee Signature: _____   Date: _____

Payee Name: _ _____   Total Reimbursement Amount: _____

Address: _____   City: _____ State: _____ ZIP: _____

Phone: _____   Email: _____

Team Name: _____   Event: _____

Description	Receipt Number/Total Miles*	Amount

MILEAGE REIMBURSEMENT

Please provide **the purpose** for each trip AND **proof of mileage expense** one of two ways:
1 MAP: Show a map of travel showing the mileage driven (Google Maps for example);
2 ODOMETER: Post beginning and ending odometer, total the miles for each trip and multiply the grand total by **65.5 cents (or the current federal rate)** to calculate total reimbursement.

SOWA STAFF USE ONLY

Print Manager's Name : _____   Manager Signature: _____

Approval Signature: _____   Date: _____

GL Code: _____   Funding Source: _____   Class: _____

Updated: March 2022