



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 58.5 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: _____