



Expense Reimbursement Request

EMAIL Address: _____

Name: _____

Signature: _____

Address: _____

City, State, Zip Code: _____

Send Completed report & receipts to:

Pacific Science Center
 Attn: Accounts Payable
 200 Second Ave. N
 Seattle, WA 98109
 Fax: 206-443-6600

Attach receipts for all expenses, except mileage.
 Expense report & receipts must be received within 30 days of event/service.
THIS FORM MUST BE COMPLETED IN INK OR TYPED.

Description of Service: Event, Date, Location		Official Use Only	
Code:			
Travel Expenses		Amount	Object #
Round Trip Mileage _____ X \$0.555			
Parking			
Meals			

Total Expenses _____

Official Use Only			
Summary	Total Amount	Account Code	Object #
Total	_____		

Supervisor Approval: _____

Date: _____

Director Approval: _____

Date: _____

Mail Check Hold Check