



# WSDOT - Aviation

PO Box 3367  
 Arlington, WA 98223  
 360-651-6300 / 800-552-0666 Fax 360-651-6319

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

## Reimbursement Claim

**Volunteer** \_\_\_\_\_

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

SSN\* \_\_\_\_\_  
 Phone # \_\_\_\_\_  
 Card # \_\_\_\_\_

**Vehicle Data** \_\_\_\_\_

Lic # \_\_\_\_\_  
 Make \_\_\_\_\_

**Aircraft Data** \_\_\_\_\_

Tail # \_\_\_\_\_  
 Model: \_\_\_\_\_

Date	Mission	Location				Auto Fuel	Av Fuel	Av Oil	Misc.	TOTAL
<b>Claims must be postmarked no later than 10 days after mission closing or they will be uneligibile for payment!</b>										
Sub Total										
<b>TOTAL</b>										

**Volunteer's Signature** \_\_\_\_\_

I hereby certify under penalty of perjury that this is an and accurate and true claim for expenses that I am eligibile for under WAC 468-200 and that no payment has been received by me on account thereof.

**ATTACH ALL ORIGINAL RECEIPTS**

Maintain a copy for your records

**TOTAL**

\*We must have your SSN or taxpayer ID number to process your claim