

Employee Travel and Expense Claim Voucher



Department of Executive Services
 Finance and Business Operations Division
Financial Management Section
 CNK-ES-0310 ARMS / CNK-ES-0320 IBIS

Check one

Employee / Non-Employee Name _____ Mail Stop _____

Division / Agency _____ Tel. No. _____

Home Address _____ Employee I.D. No. _____

City _____ State _____ ZIP _____

Travel Claim Misc. Expense Claim Other _____

Please complete appropriate Coding Block (for on-line users please use Times Roman, size 12 pt.). If splitting costs between systems, please use separate forms.

| ARMS CODING BLOCK | | | | | | | | |
|-------------------|------|-------------|----------|---------|------|--------|-----------------------|-----------|
| Vendor Number | LINE | Description | ORG Unit | Account | Task | Option | Project or Work Auth. | \$ Amount |
| | 1 | | | | | | | |
| | 2 | | | | | | | |
| | 3 | | | | | | | |
| | 4 | | | | | | | |
| Total | | | | | | | | |

| IBIS ACCOUNTING FLEXFIELD | | | | | | | | |
|---------------------------|-------------|---------|---------|-------|-------------|-------|-----------|-----------|
| Fund | Cost Center | Account | Project | Phase | Sub-Project | Grant | Bond Acct | \$ Amount |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

ITEMIZATION

| Date | Time | Nature and Explanation of Trip Route or Location | Cost of Lodging | Breakfast | Lunch | Dinner | Personal Car | | Parking Cost | \$ Amount |
|------|--------|--|-----------------|-----------|-------|--------|--------------|------|--------------|-----------|
| | | | | | | | Miles | Cost | | |
| | Depart | | | | | | | | | |
| | Arrive | | | | | | | | | |
| | Depart | | | | | | | | | |
| | Arrive | | | | | | | | | |
| | Depart | | | | | | | | | |
| | Arrive | | | | | | | | | |
| | Depart | | | | | | | | | |
| | Arrive | | | | | | | | | |
| | Depart | | | | | | | | | |
| | Arrive | | | | | | | | | |

Other Reimbursable Expenses – Enter Total from page 2.

| Date | Nature and Explanation |
|------|------------------------|
| | |
| | |
| | |
| | |

Claimant Certification – I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me on behalf of King County. I have not previously requested or received payment for this claim.

Signature _____ Date _____

Total Claim

Less Advance

Certification for Payment – I hereby certify under penalty of perjury that this claim is a just, due and unpaid obligation against King County and I am authorized to certify said claim.

Signature _____ Date _____

Due to Employee

Due to King County

All claims for in-state overnight or out-of-state travel must include a copy of the original completed King County Pre-Authorization Voucher.