

RCO Non-Employee Reimbursement for Travel Expenses/Volunteer Log

If applicable this information will be used to record volunteer time with Labor and Industries.

Name	Email/Phone Number		
Street Address/PO Box	City	State	Zip Code
User Group			

Travel Itinerary

Date	Departure Time (circle a.m./p.m.)	Arrival Time (circle a.m./p.m.)	RCO use only Volunteer hours travel/work/total	Location From	Location To
	a.m./p.m.	a.m./p.m.	/ /		
	a.m./p.m.	a.m./p.m.	/ /		
	a.m./p.m.	a.m./p.m.	/ /		
	a.m./p.m.	a.m./p.m.	/ /		
	a.m./p.m.	a.m./p.m.	/ /		

Travel Expense Detail

RCO will enter allowed reimbursement based on

<http://www.ofm.wa.gov/policy/10.90.htm>

	# of Meals	⚡ THIS AREA FOR RCO USE ONLY ⚡	Total Allowed
Meals		<i>Breakfast</i> @ \$ _____	\$
		<i>Lunch</i> @ \$ _____	\$
		<i>Dinner</i> @ \$ _____	\$
Lodging (attach receipt)	# of Nights	<i>Nights</i> @ \$ _____ <i>per night</i> <input type="checkbox"/> <i>150% rule applies</i>	\$
Mileage	# of Miles	<i>Private vehicle miles</i> @ \$ _____ <i>per mile</i>	\$
Other Transportation Expenses: air, ferry, parking, rental car, shuttle, taxi, train (provide receipt for any item over \$50)		Item (specify transportation type) Cost	\$
			\$
			\$
			\$

General Terms and Conditions

1. It is understood by the parties hereto that the person named above is neither an employee nor a paid agent of the Recreation and Conservation Funding Board (RCO), nor will this person hold or claim to be such. This person will not claim, demand, or apply for any right or privilege applicable to an officer or employee of the RCO. Nothing herein shall preclude such person's lawful entitlements to benefits that might accrue to that person, his/her non-employee status notwithstanding.
2. Adherence to State of Washington Travel Regulations (<http://www.ofm.wa.gov/policy/10.90.htm>) is required. RCO will only reimburse the most economical mode of transportation unless other arrangements are made in advance.
3. Receipts for lodging and transportation expenses (except automobile mileage) must be submitted with this reimbursement request.
4. This person may not receive travel reimbursement for the claims herein from any other organization.
5. This form contains all the terms and conditions agreed to by the parties. No other understanding, oral or otherwise, regarding the subject of this authorization shall exist or bind any of the parties hereto.

The traveler agrees to abide by and fully comply with the provisions herein.

Non-Employee Original Ink Signature (fax not accepted)	Date
Authorizing RCO Employee Signature	

On completion, return form to an RCO staff member or send to: RCO, PO Box 40917, Olympia, WA, 98504-0917.