

Record of Encumbrance:

*Bill for Service
Claim for Expense
Budget Approval*

**VENDOR INFORMATION****Name****Title/Company****Address****City****State****Zip****Phone****Email****BRIEF DESCRIPTION OF THE GOODS OR SERVICES PROVIDED:**

Qty.	Description	Unit Price	Total Amount
Accounts Payable by: Kim Nih, KPAB Treasurer PO Box 1016 Mukilteo, WA 98275 treasurer@kamiakarts.org			
Gas Allowance			
Total			

Vender Signature & Date**Liaison or Director Signature & Date****Mileage Reimbursement****Event:****# Miles:****Total \$:**

**Please get Approval from Program
Liaison or Director for Gas
Reimbursement**

IRS Mileage rate**\$ 0.56****Amount at IRS rate:****\$ -**

Mileage reimbursement can be the full IRS rate OR another agreed upon (lower) amount. Please add the reimbursement amount to the table above