



COMMUNITY MEMBER COMPENSATION REQUEST

Name _____ Email _____ Phone number _____

Workgroup, Commission, Board, Taskforce, or one-time event name _____ Date _____

Request method of payment

Electronic bank deposit* Paper check* One-time event gift cards**

*Statewide vendor number: _____

**Mailed to your provided address or provided in person. For a change of address for Statewide vendor numbers, use this link to update [changing your vendor registration](#).

Download Vendor Number Registration Form [here](#). A vendor number must be obtained to claim a payment. Please allow a minimum of 10 business days for the Office of Financial Management to set up a vendor record.

Mailing address

Address line 1, City, State, Zip Code _____

Address line 2, City, State, Zip Code _____

Itemized expenses

Meeting date: _____

If traveling, departure time and date: _____ Return time and date: _____

		Number	Amount
Stipend- meeting	Enter number of hours and minutes and amount		\$
Stipend- other duties	Enter number of hours and minutes and amount		\$
Child/Adult Care	Enter number hours of care and amount		\$
Mileage	Enter number of miles and amount		\$
Lodging	Enter number of nights and amount		\$
Airfare	Enter amount		\$
Parking, tolls, etc.	Enter amount		\$
Total amount requested			\$

*Parking, tolls, etc., please describe: _____

Please attach copies of receipts/invoices for all child/adult care, lodging, airfare, and parking, tolls etc.

By signing, I hereby certify under penalty of perjury that this is a true and correct claim for necessary expenses incurred by me and that no payment has been received by me on account thereof.

Signature _____ Date _____
DEPARTMENT USE ONLY

Submission type: Email Mail

Action: Approved Denied Total amount approved \$ _____

Name _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - Chairperson/Facilitator