



# 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		\$
<b>Total amount requested</b>			\$

\*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