



STATE OF WASHINGTON

**Class One Workgroup Compensation Request Form**

**REQUESTOR INFORMATION**

Name: \_\_\_\_\_ Date (DD/MM/YYYY): \_\_\_\_\_  
Email: \_\_\_\_\_ Meeting or Workgroup Name: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

**REQUEST METHOD OF PAYMENT**

Electronic Bank Deposit\*  Paper Check\*\*  Pre-Loaded Gift Card\*\*   
\*Statewide Vendor Number: \_\_\_\_\_ Other  \_\_\_\_\_

\*\*Mailed to your provided address

**ENTER MAILING ADDRESS**

Name: \_\_\_\_\_  
Address Line 1: \_\_\_\_\_  
Address Line 2: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Download Vendor Number Registration Form here: <https://ofm.wa.gov/sites/default/files/public/itsystems/payee/VendorRegistration.pdf>

A vendor number must be obtained to claim a payment. A host organization may use their vendor number to obtain payment on behalf of the community member. If a host organization provides the number, please indicate that on the form, with the name of the organization.

Meeting Date: \_\_\_\_\_  
If traveling, Date and Time of Departure: \_\_\_\_\_ Date and Time of Return: \_\_\_\_\_

		Number	Amount
<input type="checkbox"/> <b>Stipend</b>	Enter number of hours and minutes and amount		
<input type="checkbox"/> <b>Childcare Cost</b>	Enter number in care and amount		
<input type="checkbox"/> <b>Elder Care Cost</b>	Enter number in care and amount		
<input type="checkbox"/> <b>Mileage</b>	Enter number of miles and amount		
<input type="checkbox"/> <b>Lodging</b>	Enter number of nights and amount		
<input type="checkbox"/> <b>Airfare</b>	Enter amount		
<input type="checkbox"/> <b>**Other Expense</b>	Enter amount		
<b>TOTAL Amount Requested</b>			

\*\*Other Expenses, please describe type \_\_\_\_\_

Please include copies of receipts/invoices for all child/elder care, lodging, airfare, and other expenses.

Requestor Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

**FOR AGENCY USE ONLY**

Submission by email  Submission by mail

**Agency Action**

Denied  Approved  Total Amount Approved \$ \_\_\_\_\_

Approver's Name: \_\_\_\_\_ Approver's Signature: \_\_\_\_\_ Date: \_\_\_\_\_