

Staunton Community Unit School District #6
801 North Deneen Street
Staunton, IL 62088

REIMBURSEMENT REQUEST FOR EXPENSES

Please fill out ALL lines that apply to your reimbursement

Date: _____

Name: _____

Expense: _____

Budget that the expense will be charged to: _____

TRAVEL INFORMATION AND EXPENSES

Conference or meeting attended: _____

Location: _____

Dates attended: _____

Itemized expenses: (Attach all receipts)

Mileage _____ @ .54¢ per mile (per IRS)	\$ _____
Lodging _____ nights @ \$ _____ per night	\$ _____
Parking	\$ _____
Meals	\$ _____
Other	\$ _____
Total Itemized Expenses	\$ _____

TOTAL EXPENSES FOR REIMBURSEMENT \$ _____

Signature of Employee

Signature of Principal or Superintendent

IMPORTANT:

In order to receive reimbursement, receipts for all expenses MUST be attached.