

CANTON UNION SCHOOL DISTRICT #66

20 West Walnut Street
Canton, IL 61520
Ph: 309-647-9411
Fax: 309-649-5036

REIMBURSEMENT REQUEST

Name _____

Building _____ Type of Meeting/Project _____

Date(s) _____ Location _____

1. Transportation (roundtrip) From: _____ To: _____

Car Mileage _____ @ _____ per mile

Train Expense _____

Other _____

Total Transportation \$ _____

2. Lodging Expense: **(Please attach receipts)** \$ _____

3. Meals: (If leaving home before 7:00 AM or returning home after 6:00 PM)

(Please attach receipts) \$6 per meal max for breakfast and \$20 per meal max for dinner

Breakfast \$ _____ Dinner \$ _____ Total \$ _____

4. Other Expenses

Item	Amount
_____	_____
_____	_____
_____	_____

Total Other Expenses \$ _____

5. Total Reimbursement Request (Items 1-4) \$ _____

**All Paid Receipts Must Be Attached To The Reimbursement Request
(You will not be reimbursed for sales tax)
The above form must be filled in completely before payment will be made**

Requested by: _____ Date _____

Approved by: _____ Date _____

Account charged: _____