

CANTON UNION SCHOOL DISTRICT #66

20 West Walnut Street

Canton, IL 61520

(309) 647-9411

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: \$ _____

3. Meals:

Breakfast	Lunch	Dinner
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Meals \$ _____

4. Other Expenses

Item	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Other \$ _____

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

All paid receipts must be attached to the reimbursement request.

The above form must be filled in completely before payment will be made

Requested by: _____ Date _____

Approved by: _____ Date _____

Account charged: _____