CONNECT · CREATE · COLLABORATE

JULIE TARVIN
Assistant Superintendent
Curriculum, Instruction, & Assessment

REIMBURSEMENT REQUEST

Name_____ Building _____

Workshop/Conference/Activity Title _____

Date(s) _____ Location_____

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

2. Total Car Mileage: _____ @ $.72.5 per mile *Total*: $_____

3. Departure: Date: _____ Time: _____

4. Return: Date: _____ Time: _____

5. Meal Reimbursement: Breakfast $_____ Dinner $_____ *Total* $_____
   a. ***(Please attach receipts.)*** ($6/meal max) ($20/meal max)
   b. (If leaving home before 7:00 A.M. or returning home after 6:00 P.M.)

6. Other Expenses: ***(Please attach receipts.)***

Item	Amount
_____	_____
_____	_____

Total Other: $_____

Total Reimbursement Request: $_____

Signature_____ ***Date***_____

Return Completed Request to the Curriculum Office.

Approved by Superintendent or Director of Curriculum: _____

Date: _____ Account Charged: _____

20 W Walnut St., Canton, IL 61520
309.647.9411 • www.cantonusd.org

CANTON #66
UNION SCHOOL DISTRICT