

To be completed by staff member requesting reimbursement

JOHNSTON CITY COMMUNITY UNIT SCHOOL DISTRICT NO. 1
JOHNSTON CITY, ILLINOIS

PERSONAL EXPENSE FORM

NAME _____

DATE _____

CONFERENCE-WORKSHOP ATTENDED OR OTHER REASON:

DATES _____

PLACES VISITED _____

MILEAGE _____

TOTAL MILES _____

@ _____ CENTS PER MILE \$ _____

REGISTRATION FEE _____

(IF NOT PAID IN ADVANCE)

MEALS _____

(FOR EX: BREAK \$5.00; LUNCH \$10.00; DINNER \$20.00)

LODGING _____

TRAVEL _____

MISCELLANEOUS _____

(ATTACH RECEIPTS) MUST HAVE IN ORDER TO BE REIMBURSED

SUBTOTAL \$ _____

TOTALS \$ _____

SIGNED: _____

APPROVED DATE: _____

PRINCIPAL: _____

SUPERINTENDENT: _____

(SOME ITEMS NOT REIMBURSABLE WOULD BE ALCOHOL, PERSONAL PHONE CALLS, MOVIES, ENTERTAINMENT, ETC.)