

**Staunton Community Unit  
School District No. 6**

801 N. Deneen Street  
Staunton, Illinois 62088

**REIMBURSEMENT REQUEST FOR EXPENSES**  
(Effective 7/01/11)

Date \_\_\_\_\_

Conference or meeting attended:

\_\_\_\_\_

Location:

\_\_\_\_\_

Dates

attended: \_\_\_\_\_

Itemized expenses: (**Attach all receipts**)

Mileage \_\_\_\_\_ @55.5¢ per mile \$ \_\_\_\_\_

Lodging \_\_\_\_\_ nights @\$ \_\_\_\_\_ per night \$ \_\_\_\_\_

Meals \$ \_\_\_\_\_

Other \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

IN ORDER TO RECEIVE REIMBURSEMENT, RECEIPTS FOR ALL EXPENSES MUST BE ATTACHED