

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

801 N. Deneen St.  
Staunton, Illinois 62088

**REIMBURSEMENT REQUEST FOR EXPENSES**

DATE \_\_\_\_\_

Conference or meeting attended:

\_\_\_\_\_

Location:

\_\_\_\_\_

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

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

Mileage \_\_\_\_\_ @ 37.5¢ per mile \$ \_\_\_\_\_

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

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

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

Total \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

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