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Community Unit School District No. 7

Grant Expense Claim Form

Employees may request reimbursement for pre-approved expenses. Complete the form below, attach all receipts, and turn in to the District Business Office by the 2nd Wednesday of the month for reimbursement at the next month's regular Board of Education meeting.

Employee Name: _____

School: _____

Date: _____

GRANT # _____

MILEAGE: _____ /Mile

Date	Destination / Description	Miles	Tolls	Total
Total Mileage				

OTHER EXPENSES

List Items	Amount
Total Other Expenses:	\$ _____

Total Claim: \$ _____

Signature: _____ Date: _____

<i>Office Use Only</i>	
Administrative Approval: _____	_____
Signature	Date
Superintendents Signature: _____	_____