

Community Unit School District No. 7

Expense Claim Form – print on BLUE paper

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: _____

Account #: _____

MILEAGE: _____ /Mile

Date	Destination / Description	Miles	Tolls	Total
Total Mileage				

OTHER EXPENSES

List Items	Amount
Total Other Expenses:	\$ _____

Employee Signature

Date:

Total Claim: \$ _____

Office Use Only

Administrative Approval: _____

Signature

Date

Superintendents Signature: _____

Signature

Date