

2018-2019

Minooka School District #201 Staff Expense Report (Use for Reimbursement)

Name (print):			
Your Position & Building:			
Reason for Travel and/or Expense:			
Destination (if applicable):			
Date of Departure/Expense:		Date of Return:	

Date	Travel Miles/Cost*	Taxi**	Hotel**	Fees**	Meals**	Other**(Explain)	Total

*Calculate mileage at the IRS current standard mileage rate (www.irs.gov)

**All receipts must be attached.

Total Expenditures: \$ _____

I certify that this is a true statement of my expenses incurred on official business for Minooka Community Consolidated School District #201.

Date: _____ Employee's Signature: _____

Approved: Yes No Supervisor's Signature: _____ Date: _____

Account Code: _____