



MINOOKA COMMUNITY HIGH SCHOOL DISTRICT # 111

Expense Reimbursement Request Form

Regular Instruction _____ Grant Program _____

Meeting attended _____

Location _____

Dates(s) _____

Meals _____

Lodging _____

Miles Traveled _____ @ .535 cents per mile = _____

Taxi-Car Rental _____

Parking _____

Other (Please explain) _____

Total Amount Requested _____

Person Filing Claim _____

Immediate Supervisor's Signature _____

Building Principal's Signature _____

Approved for Payment _____

Not Approved for Payment _____

Supt./Chief School Business Official's Signature _____

Date _____

Office Use Only:

Code _____ Check Number _____ Date _____