FORM 2-06

TRAVEL REIMBURSEMENT CLAIM FORM

Name: _____ Telephone: _____

Address: _____
(Street) (City) (State) (Zip)

Instructions:

This form must be completed and returned as your invoice for allowable expenses. Please complete the form and return it to the attention of: Board Office, 2110 HWY 94 N, Camp Point, IL 62320. Please attach receipts.

	SUN	MON	TUES	WED	THUR	FRI	SAT	SUN	TOTAL
Meals ($25 a day for meals - the $25 will be pro-rated per meal)									0.00
Lodging									0.00
Air Travel									0.00
GROUND TRAVEL									
Parking									0.00
Tolls									0.00
Car Rental									0.00
Taxi									0.00
Mileage @ 0.505 **(eff. 1-1-08)** Only if school transportation is not available or if carpool.									0.00
Miscellaneous									0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

Administrator Approval

_____
Initials

Updated 01-07-08