OREGON COMMUNITY UNIT SCHOOL DISTRICT #220
BOARD MEMBER/EMPLOYEE REIMBURSEMENT FOR EXPENSES

Board/Faculty members who attend clinics, institutes, workshops, etc. and expect reimbursement for expenses, including mileage, will complete the following form and attach meal and hotel receipts, registration fee receipts, etc. indicating expenses:

Name: ____________________ **Position:** ____________________

Departure Date: ____________________ Return Date: ____________________

Receipts Attached to form

Budget Code: ____________________

Purpose and location of attendance: ____________________

Total Mileage: __________ miles X $.76 = $ -

Itemize Expenses:

Total Expenses: $

Employee Signature: ____________________

Building Principal's Signature ____________________

FOR OFFICE USE ONLY

Action:
Approved: _____ Denied: _______

Superintendent's Signature ____________________

Exceeds maximum Allowable Amount: _____________