

**Lake County Tech Campus
District 849**

Expense Statement

Purpose (Meeting) _____

Employee Information

Name _____	
Department _____	Account Number _____

Time Period

From _____	
To _____	

Date	Description	Hotel	Transport	Mileage Reimbursement		Meals	Phone	Misc.	TOTAL
				Total Miles Driven	Mileage @ 67 cents/mi				
Total Expense									
Less Advancement									
Net Amount Due									

Supervisor Approval _____ Business Mgr Approval _____