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: Total Miles Driven	Mileage Reimbursement: Mileage @ 72.5 cents/mi	Meals	Phone	Misc.	TOTAL
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
					$ 0.00				$ 0.00
Total Expense		$ 0.00	$ 0.00	0	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00
								Less Advancement	
								Net Amount Due	$ 0.00

Supervisor Approval _____ **Business Mgr Approval** _____

Prove Conference Agenda Dates and Time (Attached)
Meals will not be reimbursed if food is provided at event

Lodging Information
Travel reimbursement: (Map Quest Directions Attached)

ALL ORIGINAL RECEIPTS MUST BE ATTACHED AND ARE NEEDED FOR REIMBURSEMENT
(ex: meals, books, tools, equipment, hotel, tolls, car rental, train ticket, etc.)

rev fh 1/2026