# 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 @ 76 cents/mi | Meals | Phone | Misc. | TOTAL |
|---|---|---|---|---|---|---|---|---|---|
| | | | | | $ 0.00 | | | | $ 0.00 |
| | | | | 0000 | $ 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 8/2026*