

**PAXTON-BUCKLEY-LODA CUSD #10**

**EMPLOYEE REQUEST FOR EXPENSE REIMBURSEMENT**

DATE: \_\_\_\_\_

NAME OF EMPLOYEE: \_\_\_\_\_

NAME OR WORKSHOP/EVENT: \_\_\_\_\_

DATE OF WORKSHOP/EVENT: \_\_\_\_\_

COST OF WORKSHOP/EVENT: \_\_\_\_\_  
**(IF NOT ALREADY PAID FOR BY DISTRICT)**

COST OF MEALS: \_\_\_\_\_

LODGING: \_\_\_\_\_

MILEAGE/FUEL: \_\_\_\_\_

MISCELLANEOUS: \_\_\_\_\_

SIGNATURE OF EMPLOYEE \_\_\_\_\_

SIGNATURE OF PRINCIPAL \_\_\_\_\_



(for office use only)

Total Cost: \_\_\_\_\_

Check#: \_\_\_\_\_

Date Paid: \_\_\_\_\_