



# Expense Form for Employee Reimbursement

Date \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Dates of Meeting \_\_\_\_\_

Location of Meeting \_\_\_\_\_

Purpose \_\_\_\_\_

**Lake County ESC Credit Card Charges and receipts should be recorded on a separate form. (Credit Card Charges Form)**

---

**Expenses for meeting reimbursements:**

Travel: Miles \_\_\_\_\_ @\$0.58 (current IRS Rate) \_\_\_\_\_ P.O. # \_\_\_\_\_

Parking/Tolls (receipts required- attach to document) \_\_\_\_\_ P.O. # \_\_\_\_\_

Did you stay overnight? **Yes No** Number of night's \_\_\_\_\_

Meals (@ \$20 per overnight stay- **proof required**) \_\_\_\_\_ P.O. # \_\_\_\_\_

---

**Expenses for non-meeting reimbursements (receipts required- attach to document)**

Other \_\_\_\_\_ P.O. # \_\_\_\_\_

Other \_\_\_\_\_ P.O. # \_\_\_\_\_

**TOTAL EXPENSES PAID TO EMPLOYEE** \_\_\_\_\_

**All reimbursements forms must be accompanied by documentation/proof of purchase i.e. MapQuest, Meeting Agenda .....Sales Tax will not be reimbursed**

\_\_\_\_\_  
Employee Signature Date

\_\_\_\_\_  
Supervisor Signature Date

**THIS FORM MUST BE SUBMITTED WITHIN 30 DAYS OF ATTENDING CONFERENCE/WORKSHOP IN ORDER TO BE REIMBURSED FOR EXPENSES INCURRED.**

**MISSION STATEMENT**

*To excel in providing innovative programs and quality services that add value to our educational community*