



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 _____ @\$0.545 (current IRS Rate) _____ P.O. # _____

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

Meals - Did you stay overnight? ___ yes ___ no _____ P.O. # _____

Number of night's _____

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 AgendaSales 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