

ARCOLA COMMUNITY UNIT SCHOOL DISTRICT #306

CONFERENCE REIMBURSEMENT REQUEST

NAME _____

DATE OF MEETING/CONFERENCE _____

NATURE OF MEETING _____

LOCATION _____

EXPENDITURES: (receipts required for all expenditures)

LODGING _____ DAYS \$ _____

MEALS _____ \$ _____

MILEAGE _____ MILES @ .551 \$ _____

OTHER:
_____ \$ _____

**TOTAL AMOUNT DUE YOU \$ _____

** Please Calculate Total Before Submitting Reimbursement.