



# Kankakee Area Special Education Cooperative

## REIMBURSEMENT FORM

Attach a signed copy of your professional development approval form along with all receipts to verify your expenditures (no receipts needed for mileage).

Employee name: \_\_\_\_\_

Date(s) of expense(s): \_\_\_\_\_

Expense(s) pertaining to: \_\_\_\_\_

(i.e. classroom supplies, professional development, etc.)

EXPENSES:

OFFICE USE ONLY

Registration: \$ \_\_\_\_\_

\$

Mileage: \_\_\_\_\_ miles

\$

Meals: \$ \_\_\_\_\_

\$

Parking: \$ \_\_\_\_\_

\$

Tolls: \$ \_\_\_\_\_

\$

Lodging: \$ \_\_\_\_\_

\$

Other: \$ \_\_\_\_\_

\$

Please specify:

\_\_\_\_\_  
\_\_\_\_\_

Total  
reimbursement

Employee signature: \_\_\_\_\_ \$

\_\_\_\_\_ Account number to charge:

Date submitted: \_\_\_\_\_

Director's signature : \_\_\_\_\_

Date: Approved: \_\_\_\_\_