Prairie Central Community Unit School District No. 8
Request for Reimbursement of Monthly Travel Expense

Name _____ Date Report Submitted _____

Place of Travel	Date	Purpose	Miles	Rate	Extension
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
				0.575	$
		TOTALS			$

Itemize Other Expenses and Attach Receipts

	Amount
	$
	$
	$

Total Other $ _____

Grand Total $ _____

APPROVED:

_____ Building Principal

_____ Superintendent

As of 1/1/2020