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
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				0.535	$
				Total	$

*IRS Rate

Itemize Other Expenses and Attach Receipts

	Amount
	$
	$
	$

Total Other $ _____

Grand Total $ _____

APPROVED:

_____ Building Principal

_____ Superintendent