

**EXPENSE REPORT**  
**CARBON CLIFF-BARSTOW SD#36**  
 2002 Eagle Ridge Drive  
 Silvis, IL 61282

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

Mileage will be reimbursed at the current IRS standard mileage rate.

Date	From	To	Purpose	Miles
			Total miles at .56 cents per mile.	\$

Expenses-Lodging, meals, and toll charges. **Itemized** receipts must be attached for reimbursement.\*

Date	List Expenses and include receipts.	Amount

_____	Date	Total expenses \$	_____
Claimant's signature		Mileage	\$ _____
		Total Claim	\$ _____

\*Meals are not to exceed \$50 per day.