



DISTRICT 11-B1 EXPENSE REIMBURSEMENT FORM

ONE LINE FOR EACH BUDGETED ACCOUNT

<u>DATE</u>	<u>BUDGET ITEM</u>	<u>ACCOUNT</u>	<u>MILEAGE @ 50/c</u>	<u>TOTAL ALLOWED</u>
		Admin/Activity		

PAYABLE TO: _____ ADDRESS: _____

TOTAL CLAIMED \$ _____ ALLOWED \$ _____

Signature & Date

AMOUNT PAID \$ _____ CHECK # _____

INTERNATIONAL GENERAL REIMBURSEMENT POLICY

Transportation - Automobile - Mileage allowance based on \$.50 per mile, District - Committees only KidSight, Diabetes, and KidSight Trailer eligible.

Hotel - Maximum allowance is \$75.00 per day. RECEIPTED BILL required, per LCI General Reimbursement Policy.

Meals - Reimbursement will be made for the actual cost expended, up to a maximum of \$25.00 per meal, \$75.00 per day (alcohol excluded), per LCI General Reimbursement Policy. LCI Reimbursement Policy for further guidance see Final Reimbursement Policy 08-2022

Attach **Itemized Receipts** or Invoices with proof of payment for all expenses other than mileage. Claims must be received within 60 days, and no later than June 30th for the fiscal year.