



DISTRICT 11-B1 EXPENSE REPORT FORM

ONE FORM FOR EACH BUDGETED ACCOUNT

DATE	PURPOSE	ACCOUNT	MILEAGE @ 30/c	TOTAL	ALLOWED
7/1/218	Postage	Hearing & Speech	100 x .30 = \$30	\$33.32	(Example)

TOTAL CLAIMED \$ _____ ALLOWED \$ _____

Signature & Date

AMOUNT PAID \$ _____ CHECK # _____

GENERAL REIMBURSEMENT POLICY

Transportation - Automobile - Mileage allowance based on \$.30 per mile, District - Committees only KidSight, Diabetes, and Sight Mobile 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. See LCI Reimbursement Policy for further guidance.

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.