



**Kankakee Area  
Special Education  
Cooperative**

**REIMBURSEMENT FORM**

**Attach a copy your approval form (professional leave form, purchase order) along with all receipts to verify your expenditures (no receipts needed for mileage, parking \$5.00 or under, or tolls).**

Date Submitted: \_\_\_\_\_

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

Date(s) of Expense: \_\_\_\_\_

Purpose of Expense:

\_\_\_\_\_ - Copy of professional leave or purchase order attached

All others: \_\_\_\_\_

Expenses:

Registration: \$ \_\_\_\_\_

Mileage: \_\_\_\_\_

Meals: \$ \_\_\_\_\_

Parking: \$ \_\_\_\_\_

Tolls: \$ \_\_\_\_\_

Lodging: \$ \_\_\_\_\_

Other (explain below): \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Staff Signature

|| Office Use Only

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| Total

|| Reimbursement:

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| \_\_\_\_\_

|| Director