

CARLINVILLE COMMUNITY UNIT SCHOOLS

2025 EXPENSE STATEMENT

Event Attended: _____

City of Event: _____ Date(s): _____

Car Expense: _____ miles @ \$0.700 per mile= \$0.000

Less contributions to expense by other passengers _____

NET EXPENSE \$ -

Contribution to expense of car in which I was a passenger _____

Railroad, Bus or Plane Fare _____

Taxi Fare(s) _____

Hotel Room _____

Meal Expense _____

Gratuities/Miscellaneous _____

TOTAL \$ -

Please attach receipts to this form

Signature of Staff Member Claiming Expenses

Date of Claim

Account # _____

Approval of Principal

Approval of Superintendent