

Litchfield Community Unit School Dist #12
Expense Reimbursement Voucher

Make check payable to: _____ (Employee name / School Activity Fund, etc)

Mail check to: _____

Return check to: _____ (Employee / Building)

Complete information below, attach all receipts, and submit to Administrator for approval.

NOTE: Employees will be reimbursed for actual and necessary expenses incurred for the purposes of approved school district business related to employee's duties. (105 ILCS 5/10-22.32)

| Basis for payment: | Account #: | Amount: |
|-----------------------------|-------------------|----------------|
| | | |
| | | |
| | | |
| | | |
| TOTAL REIMBURSEMENT: | | |

Employee signature: _____

Date: _____

Approved by: _____
 Administrator or Superintendent Signature

Date: _____

Completed and approved form should be submitted to Business Manager/Unit Office for payment at next available Board meeting.