

JJC BEST Partnership Travel Reimbursement Request FY 2011

Your name		Social Security #	
Street			
City	State	Zip	Home phone ()
School		School phone ()	
Event date(s) : _____ purpose: _____ location: _____			
			Actual Cost
Mileage -- Round trip @ \$.50 per mile date _____ = _____ miles date _____ = _____ miles Total miles _____ X \$.50 =			\$
Lodging (MUST attach <u>original receipts</u> with \$.00 balance)			\$
Meals (Not included in registration fee)			\$
Registration Fee (Must attach <u>original receipts</u> if paid directly by you)			\$
Miscellaneous Expenses			\$
TOTAL			\$

BEST will reimburse expenses for:

- Mileage from your SCHOOL to the meeting
- Lodging -- Your must make your own reservations and submit original receipt With a Zero balance due
- Meals at the rate of \$6 for breakfast, \$8 for lunch, and \$14 for dinner -- meals included in registration fee will not be reimbursed
- Registration and other miscellaneous expenses in accordance with JJC/ISBE policy

*****Please Attach Original Receipts*****

Your Signature