Roxana Community Unit School District #1 Roxana, Illinois

EXPENSE REPORT

Payee:	Date:	
Name of Meeting:		
Location:		
<u>Date</u>		Cost
	Mileage (Round trip): mi. @	
	Meals:	
	Hotel: night(s) @ / night	
	Other Expenses:	
	<u> </u>	
	TOTAL:	
	Signed:	
Approved	(Assistant Superintendent) (E	Employee)