Downers Grove Sanitary District

# Travel Expense/Reimbursement Report

-Are any of the below requested reimbursement amounts in excess of the limits? ☐ YES ☐ NO

-If yes, do you want to be reimbursed for those amounts in excess? ☐ YES ☐ NO

-If yes, nature of circumstances resulting in excess expenses: _____

**Name:** _____ **Date:** _____

**Position:** _____ **Location:** _____

**Department:** _____ **Nature of Official Business:** _____

| Date | Description of Expense | Travel | | | | | Lodging (<$222) | Meals | | | Other* | Total |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Fuel | Tolls | Miles | Mileage | Air/Other | | Breakfast (<$17) | Lunch (<$18) | Dinner (<$34) | | |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| | | | | | 0.00 | | | | | | | 0.00 |
| **Total Expenses** | | $ 0.00 | $ 0.00 | 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 | $ 0.00 |

(Mileage reimbursement for personal vehicle is $ 0.580 /mile)

**Total Reimbursement Amount Requested** $ 0.00

**Total In Excess** (to be completed by Office) $

**Total Recommended Reimbursement** (to be completed by Office) $

***** Receipts MUST be attached for each expense in order to be eligible for reimbursement*****

**Itemized Expenses or Description for "Other"*

| Date | Description | Amount |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

**Coding (for office use only)**

Code Amount

.B117

.C222

Total

**Signature of Requester**

**Approved by** **Title**

**Date**