

## MID-STATE SPECIAL EDUCATION

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[www.midstatespec.org](http://www.midstatespec.org)

### Personnel Reimbursement Form

Date	Expenditure	Cost	Office Use: Account #
	<b>Total Cost (this section):</b>		

Date	In-Service Expenses	Cost	Office Use: Account #
	Name/Location:		
	Hotel:		
	Mileage:		
	Meals:		
	Other:		
	Name/Location:		
	Hotel:		
	Mileage:		
	Meals:		
	Other:		
	Name/Location:		
	Hotel:		
	Mileage:		
	Meals:		
	Other:		
	<b>Total Cost (this section):</b>		

**\*\* All expenditures (except mileage) must be accompanied by receipts.**

**\*\*Please complete and attach Professional Development Evaluation/Reflection of Activities.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Director's Signature (MSSE Central staff): \_\_\_\_\_ Date: \_\_\_\_\_