Public Health
Prevent. Promote. Protect.

EMPLOYEE EXPENSE & REIMBURSEMENT FORM

All receipts must be itemized, we will no longer accepted general receipts.

Name of Employee: Candi Crause Month: Nov Year: 2013

Travel Section:

Mileage: *Attach a separate green Mileage Form to this sheet*	
Parking Fees: *Attach All Receipts*	
Meeting:	
Date(s) of Attendance:	
Registration Fees: *Attach All Receipts*	
Meals: *Attach All Receipts* - $46 per diem maximum unless otherwise noted	
Lodging: *Attach All Receipts*	
Supplies: *Attach All Receipts*	
SUBTOTAL	$ -

Expense Reimbursements Section:

Marketing: *Attach All Receipts*	
Office Supplies: *Attach All Receipts*	
Medical/Patient Care Supplies: *Attach All Receipts*	
Misc: *Attach All Receipts* 180-6580-00 / 2215/6	217.50
SUBTOTAL	$ -

GRAND TOTAL $ -

Justification: HIV Prevention Equipment

Submitted By: Candace K Crause

Signature of Division Director: Date: 11/14/13
(up to $250)
Signature of Administrator (≥$250): Date:

Charge to Project #: 2215
Grant Reimbursable? (G/N)
G=Grant Reimbursable; N=non-reimbursable

Forms must be received in Finance by noon on Thursdays.
Any forms that are older than 30 days will not be reimbursed.

RECEIVED NOV 15 2013

PAID NOV 18 2013 88217

Return Before ____ PM
Date
Late Fee ______ /day
Initial

DALLAS & CO.
COSTUMES & MAGIC
101 E. University
Champaign, IL 61820
p) 217-351-5974
RENTAL DEPARTMENT

Reservation No.
75088

Pick Up
Date Order
Initial

Name
Group/Party
Home Phone Other Phone (W) (C)
Address
D.L. # I.D. #2

Costume – Accessories

Rental Cost
200

11-14-13
1$200.00
$200.00 ST
$17.50 1
$217.50 CH 1
P 4-18
B 1531 000

DATE 300001792250 TIME
11/14/13 8100 008 16:00:50
424399802885
DALLAS & COMPANY
101 EAST UNIVERSITY
CHAMPAIGN, IL 61820

CREDIT SALE

BATCH # 307
TRANS # 010
AUTH # 05730C
VISA ACCOUNT # EXP DATE
XXXXXXXXXXXX5344

SALE AMOUNT $217.50

I AGREE TO PAY THE ABOVE AMOUNT
ACCORDING TO CARD ISSUER
AGREEMENT
217-351-5974

$ ch
☐ VISA ☐ MC ☐ DISC (in lieu of cash)

CHAMPAIGN-URBANA PUBLIC HEALTH DISTRICT

Check Date: 11/18/2013
Check Number: 88217

To: Candi Crause
807 W Healey
Champaign, IL 61820

Phone:

Invoice Number	Date	Description	Amount	Discount	Net Amount
	11/14/2013	Penis	$217.50	$0.00	$217.50
		Totals:	$217.50	$0.00	$217.50