



BOARD MEMBER ESTIMATED EXPENSE APPROVAL FORM

Make a copy of this form to fill out and save to your Google Drive: file > make a copy

Please type form, sign and staple supporting documentation.

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board.

Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.

Travel from 1/1/23-12/31/23 = \$0.655 per mile

Travel from 1/1/24-current = \$0.67 per mile

Name Jennifer Khan Title/Office Board President

Name of conference/meeting COSSBA National Conference

Date(s) of conference/meeting March 20-23, 2025 Location Atlanta, GA

Travel Departure Date 3/20/2025 Travel Return Date 3/23/2025

ESTIMATED EXPENSES									
Auto Travel Allowance: \$0.670 per mile									
DATE	MILEAGE		LODGING	Per Diem Meal Rate			OTHER		DAILY TOTAL
	# OF MILES	AUTO FILLED AMOUNT					ITEM	COST	
03/20/25	26.0	\$ 17.42	\$ 249.00			\$ 75.00			\$ 341.42
03/20/25		\$ -					Airfare	\$ 516.77	\$ 516.77
03/21/25		\$ -	\$ 249.00			\$ 75.00			\$ 324.00
03/22/25		\$ -	\$ 249.00			\$ 75.00			\$ 324.00
03/23/25	26.0	\$ 17.42				\$ 75.00			\$ 92.42
		\$ -					Conference		\$ 950.00
		\$ -							\$ -
		\$ -							\$ -
Grand Total:									\$ 2,548.61

Jennifer Khan
Submitting Board Member's Signature

2/24/2025
Date

Superintendent Signature (if total is below maximum allowable amount)

Date

School Board Action (if total exceeds maximum allowable amount)

- Approved in full Approved in Part Denied