

**General Personnel**

**Employee Estimated Expense Approval Form**

*Submit to the Superintendent. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print.*

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

**Estimated Expenses Approval Requested** (50 ILCS 150/20)

**Purchase Order Requested** Purchase Order #: \_\_\_\_\_

**Expense Advancement Voucher Requested** (105 ILCS 5/10-22.32)

Voucher Amount: \_\_\_\_\_

<b>Estimated Expense Report</b>										
Departure date: _____					Return date: _____					
Auto Travel Allowance: _____ per mile										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
<b>Total</b>										\$

**Superintendent** (below maximum allowable amount):

- Approved**                       **Denied**  
 **Approved in Part**

\_\_\_\_\_  
Superintendent Signature

\_\_\_\_\_  
Date

**School Board Action** (exceeds maximum allowable amount):

- Approved**                       **Denied**  
 **Approved in Part**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date