

School Board

Board Member Estimated Expense Approval Form

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. Please print.

Name: _____

Title/Office: _____

Travel Destination: _____

Purpose: _____

Departure Date: _____

Return Date: _____

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: _____

Estimated Expense Report										
Auto Travel Allowance: _____ per mile										
Date	Mileage		Comm. Travel Expense	Lodging	Meals			Other Item	Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Total										\$

Submitting Board Member's Signature

Date

Superintendent Signature

Date

School Board Action: **Approved**

Denied

Approved in Part

Exceeds Maximum Allowable Amount