BOARD MEMBER EXPENSE REIMBURSEMENT REQUEST 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 Supeirntendent, 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	Brian	Lawton Title/O							ce_Board Member				
Name of conference/meeting 2			5 Joint A	nnua	al Confere	ence							
Date(s) of conference/meet	November 21-23, 2025					Location Chicago, IL							
Travel Departure					11/21/2025	Travel I	Travel Return Date			11/3/2025			
Receipts Attached													
Approved Expense Advancement Voucher attached, if applicable													
ACTUAL EXPENSES													
Auto Travel Allowa	\$0.670 per mile												
	ILEAC	3F	LODGING		MEALS			OTHER					
DATE	# OF MILES	AUTO FILLED AMOUNT			BREAKFAST	LUNCH DINNER		ITEM COST			DAILY TOTAL		
06/03/25									Registratio	\$	540.00	\$	540.00
11/21/25	40.8	\$	27.34	\$	282.91				Parking	\$	60.90	\$	371.15
11/22/25		\$	-	\$	282.91				Parking	\$	60.90	\$	343.81
11/23/25	40.4	\$	27.07									\$	27.07
												\$	-
		\$	-									\$	-
		\$	-									\$	-
		\$	-									\$	-
										Subtotal	\$	1,282.02	
	- Adv												\$1,227.62 \$54.40
Reimburseable Amount (negative amount inidicates refund due from employee) \$54.40													
Brian Lawton										11/	15.2025		
Submitting Board Member's Signature									-	Date			
Superintendent Signature (if total is below maximum allowable amount)										Date			
School Board Action (if total exceeds maximum allowable amount)													
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