



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 Wendy Schilling Title/Office Board Member

Name of conference/meeting COSSBA National Conference

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

Travel Departure Date 3/19/2025 Travel Return Date 3/23/2025

ESTIMATED EXPENSES

Auto Travel Allowance: \$0.670 per mile

Table with columns: DATE, MILEAGE (# OF MILES, AUTO FILLED AMOUNT), LODGING, Per Diem Meal Rate, OTHER (ITEM, COST), DAILY TOTAL. Includes rows for dates 03/19/25 to 03/23/25 and a Grand Total row.

Wendy Schilling 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