

General Personnel

Exhibit - 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: _____

| Estimated Expense Report | | | | | | | | | | |
|---------------------------------------|---------|------|-----------------------|---------|--------------------|-------|--------|------------|------|-------------|
| 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 | | | |
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| Total | | | | | | | | | | \$ |

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

DATED: February 22, 2017