

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		Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner	Item	Cost	
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: January 9, 2017