School Board

Exhibit - Board Member Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. Please print and attach receipts for all expenditures. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print.

Name:							Title/Office:				
Travel Destination:							Pu	Purpose:			
Departure Date:							Re	Return Date:			
Receipts attached							Re	Request Date:			
			e advance imated Exp				hed, if ap	oplicable* (Co	ompleted 2	:125-E2,	
				Actu	al Exp	ense R	eport				
								exceed the amou enses incurred. (
Auto Tra	avel Allo	owance:		per mile							
Date	Miles	eage Cost	Comm. Travel Expenses	Lodging	Bkfst	Mea Lunch		Othe Item	er Cost	Daily Total	
Subtota	al										
Advances											
TOTAL (a negative amount indicates refund due from Board member)								ıber)	\$		
Submitting Board Member's Signature								Date			
Superintendent Signature								Date			
School E	Board A	Action:	Appro	oved oved in Pa	ırt	[Denied Exceed	l Is Maximum A	Allowable .	Amount	
DATED:		Iar	mary 9 201	17							

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