

**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: \_\_\_\_\_

<b>Estimated Expense Report</b>										
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	
<b>Total</b>										<b>\$</b>

Superintendent (below maximum allowable amount):

**Approved**                       **Denied**  
 **Approved in Part**

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Superintendent Signature

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Date

**School Board Action** (*exceeds maximum allowable amount*):

**Approved**

**Denied**

**Approved in Part**

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Employee Signature

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Date

Adopted:      January 23, 2017

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