

5:60-E2 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 Miles Cost		Comm. Travel Expenses	Lodging	Meals			Other		Daily Total
						Bkfst	Lunch	Dinner	Item	
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: November 21, 2016