21 December 2016 5:60-E2

# 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)

VoucherAmount:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Estimated Expense Report**  **Departure date: Return date:** | | | | | | | | | | |
| Auto Travel Allowance: per mile | | | | | | | | | | |
| Date | Mileage  Miles Cost | | Comm. Travel Expenses | Lodging | Meals  Bkfst Lunch Dinner | | | Other  Item Cost | | Daily  Total |
|  |  |  |  |  |  |  |  |  |  |  |
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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