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 | MileageMiles Cost | Comm. Travel Expenses | Lodging | MealsBkfst Lunch Dinner | Other Item Cost  | DailyTotal |
|  |  |  |  |  |  |  |  |  |  |  |
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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