

**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 Miles	Cost	Comm. Travel Expenses	Lodging	Daily Meal Expense	Item	Other Cost	Daily Total
<b>Total</b>								\$

**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: December 19, 2016