

**Board Member Compensation; Expenses**

**2:125-E1 Exhibit - Board Member Expense Reimbursement Form**

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. Please print and attach receipts for all expenditures. **Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements.** Please print.

Name: \_\_\_\_\_ Title/Office: \_\_\_\_\_

Travel Destination: \_\_\_\_\_ Purpose: \_\_\_\_\_

Departure Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

**Receipts attached** Request Date: \_\_\_\_\_

**Estimated expenses attached** (Completed 2:125-E2, Board Member Estimated Expense Approval Form)(pre-approval is required for federal and State grants).

**Approved expense advancement (voucher) attached, if applicable\*** (Completed 2:125-E2, Board Member Estimated Expense Approval Form.)

<b>Actual Expense Report</b>										
* Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. 105 ILCS 5/10-22.32. For federal and State grants, board members will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 2:125, <i>Board Member Compensation; Expenses</i> .										
Auto Travel Allowance: _____ per mile										
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other		Daily Total
	Miles	Cost			Bkfst   Lunch   Dinner	Item	Cost			
<b>Subtotal</b>										
<b>Advances</b>									-	
<b>TOTAL</b> (a negative amount indicates refund due from Board member)									\$	

Submitting Board Member's Signature \_\_\_\_\_ Date \_\_\_\_\_

Superintendent Signature \_\_\_\_\_ Date \_\_\_\_\_

**School Board Action:**

- Approved**       **Denied**
- Approved in Part**    **Exceeds Maximum Allowable Amount**
- Grant Funding Source** (if applicable): \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATED : July 20, 2020

**Belleville THSD 201**

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