## **School Board**

## **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:  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|--|-------------------------------|---|---|-------------------------------|----------------------------|----------------------|---------------|------------|------------|-------------------|--|--|
| Travel Destination:Purpose:  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
| Departure Date:  |                               |   |   |                               |                            |                      | _Return Date: |            |            |                   |  |  |
| Receipts attached Re   |                               |   |   |                               |                            |                      |               | t 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.)  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|  |                               |   |   | Actual Ex                     | pense Re                   | eport                |               |            |            |                   |  |  |
| *Board members any expense adva<br>State grants, boar<br>permitted by Boar<br>Auto Travel Allowa   | ancemen<br>d memb<br>d policy | t that exc<br>ers will be<br>2:125, <i>Bo</i> | ceeds the actu<br>e reimbursed f<br>pard Member ( | al and neces<br>for actual an | ssary exp<br>d necess      | enses ir<br>ary expe | ncurred.      | 105 ILCS 5 | 5/10-22.32 | . For federal and |  |  |
| - Tate Travel 7 ment   |                               |   | _ por   |                               | 1                          |                      |               |            |            |                   |  |  |
|  | Auto Mileage                  |   | Transp.   | Meals or Per D                |                            |                      | Diem          | Other      |            | Daily             |  |  |
| Date   | Miles                         | Cost  | Expenses  | Lodging                       | Bkfst   Lunch  Dinner Iten |                      | Item          | Cost       | Total      |                   |  |  |
|  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
|  |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
| Subtotal   |                               |   |   |                               |                            |                      |               |            |            |                   |  |  |
| Advances   |                               |   |   |                               |                            |                      |               | -          |            |                   |  |  |
| TOTAL (a negative amount indicates refund due from Board member) \$  |                               |   |   |                               |                            |                      | \$            | \$         |            |                   |  |  |

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| Submitting Board Member's Si | gnature                          | Date |  |
|------------------------------|----------------------------------|------|--|
| Superintendent Signature     |                                  | Date |  |
| School Board Action:         |                                  |      |  |
| Approved                     | Denied                           |      |  |
| Approved in Part             | Exceeds Maximum Allowable Amount |      |  |
| ☐ Grant Funding Source       | e (if applicable):               | _    |  |
| Comments:                    |                                  |      |  |
|                              |                                  |      |  |
|                              |                                  |      |  |
|                              |                                  |      |  |
|                              |                                  |      |  |