

**Expenses**

**5:60-E2 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: \_\_\_\_\_

Estimated Expense Report										
Departure date: Return date:										
Auto Travel Allowance: per mile										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Other		Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner	Item	Cost	
<b>Total</b>										<b>\$</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: January 17, 2017

