Cooperative Boards

Exhibit - Board Member Estimated Expense Approval Form

Submit to the Executive Director, who will include this request in the monthly list of bills presented to the Operational Board. ***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: _____

☐ **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

Auto Travel Allowance: _____ per mile

Date	Mileage Miles	Cost	Comm. Travel Expense	Lodging	Meals Bkfst	Lunch	Dinner	Other Item	Cost	Daily Total
Total										**$**

_____ _____
Submitting Board Member's Signature Date

_____ _____
Executive Director Signature Date

School Board Action: ☐ **Approved** ☐ **Denied**
☐ **Approved in Part** ☐ **Exceeds Maximum Allowable Amount**

Added to Policy Manual: 12/2016