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 Board of Education. 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:							
□Rece	eipts atta	ched Re	quest Date: _								
Approv □ A ppı	ral Form)(roved ex	pre-appr	attached (Co oval is require dvancement d Expense Ap	ed for federa (voucher) a	l and Sta ttached	ate grants	6).		•		
Doard	vierriber i	_Sumate		ctual Expe		ort					
advand expens reimbu Board	ced, but n ses incurr ursed for a policy 2:	nust refur red. 105 I actual and 125, <i>Boal</i>	reimbursed for any expense LCS 5/10-22.3 d necessary expense and Member Co	e advancem 32. For fede xpenses that ompensation	ent that e ral and S t exceed n; Expen	exceeds to tate gran estimate ses.	he actual ts, board	and ned member	cessary ers will l	/ be	
Auto T	ravel Allo	wance: _				per mile					
Date	Auto Mileage Miles Cost		Transp. Expenses	Lodging	Meals or Per Diem Bkfst Lunch Dinner It				Other Item Cost		
Subto	tal	•		'							
Advances							-				
TOTAL (a negative amount indicates refund due from Board member)								\$			
Submitt	ting Board	d Membe	r's Signature				Dat	e	y.		

Superintendent Signature Date
Board Action:
☐ Approved ☐ Denied
☐ Approved in Part ☐ Exceeds Maximum Allowable Amount
☐ Grant Funding Source (if applicable):
Comments:
DATED : September 24, 2024
Arlington Heights SD 25