

Board Member Compensation: Expenses

2:125-E2 Exhibit - Board Member Estimated Expense Approval Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the Board of Education. Use of this form is required (1) by 2:125-E3, Resolution to Regulate Expense Reimbursements and (2) for pre-approval of expenses to be charged to a federal grant or State grant governed by the Grant Accountability and Transparency Act. Please print.

Name: _____ Title/Office: _____

Travel Destination: _____ Purpose: _____

Departure Date: _____ Return Date: _____

Estimated Expenses Approval Requested (50 ILCS 150/20 or grant expenditure)

Travel is grant-related* (specify grant): _____

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										
<i>*Grant-related travel only: Except for mileage and other transportation expenses, expense reimbursement/per diem is only allowed if on official travel status for 12 hours or more. If lodging at or below the applicable rate cannot be identified, please indicate below and attach at least three quotes for review.</i>										
Date	Auto Mileage		Transp. Expenses	Lodging	Meals or Per Diem			Other		Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner	Item	Cost	
Total										\$

Submitting Board Member's Signature _____ Date _____

Superintendent Signature _____ Date _____

Board Action:

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

Comments: _____

DATED : May 21, 2020

Arlington Heights SD 25
