Sparta CUSD 140-March 2020 2:125-E2

# School Board

## 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 School Board.* ***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)

VoucherAmount:

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Estimated Expense Report** | | | | | | | | | | |
| Auto Travel Allowance: per mile  *\*****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.* | | | | | | | | | | |
| Date | Auto Mileage  Miles Cost | | Transp.  Expenses | Lodging | Meals or Per Diem  Bkfst Lunch Dinner | | | Other  Item Cost | | Daily  Total |
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| **Total** |  |  |  |  |  |  |  |  |  | **$** |

Submitting Board Member’s Signature Date

Superintendent Signature Date

**School Board Action:  Approved  Denied**

**Approved in Part  Exceeds Maximum Allowable Amount**

**Grant Funding Source** (if applicable):

Comments: