

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: _____

☐ **Receipts attached** Request Date: _____

☐ **Estimated expenses attached** (Completed 2:125-E2, Board Member Estimated Expense Approval Form)(pre-approval is required for federal and State grants).

☐ **Approved expense advancement (voucher) attached, if applicable*** (Completed 2:125-E2, Board Member Estimated Expense Approval Form.)

| Actual Expense Report | | | | | | | | | | |
|--|--------------|------|---------------------|---------|-------------------|-------|--------|-------|------|----------------|
| <small>* Board members will be reimbursed for actual and necessary expenses that exceed the amount advanced, but must refund any expense advancement that exceeds the actual and necessary expenses incurred. 105 ILCS 5/10-22.32. For federal and State grants, board members will be reimbursed for actual and necessary expenses that exceed estimated expenses as permitted by Board policy 2:125, <i>Board Member Compensation; Expenses</i>.</small> | | | | | | | | | | |
| Auto Travel Allowance: _____ per mile | | | | | | | | | | |
| Date | Auto Mileage | | Transp. Expenses | Lodging | Meals or Per Diem | | | Other | | Daily Total |
| | Miles | Cost | | | Bkfst | Lunch | Dinner | Item | Cost | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
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| | | | | | | | | | | |
| Subtotal | | | | | | | | | | |
| Advances | | | | | | | | | - | |
| TOTAL (a negative amount indicates refund due from Board member) | | | | | | | | | \$ | |

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 : April 9, 2020

Alsip, Hazelgreen, Oaklawn 126
