

General Personnel

Exhibit - Employee Estimated Expense Approval Form

Submit to the Superintendent. Use of this form is required by 2:125-E3, Resolution to Regulate Expense Reimbursements. Please print. .

Name: _____

Title/Officer: _____

Travel Destination: _____

Purpose: _____

- Estimated Expenses Approval Requested**
- Purchase Order Requested (50 ILCS 50/20)**
- Expense Advancement Voucher Requested (50 ILCS 5/10-22.32)**
- Employee waives reimbursement for expenses.**

Estimated Expense Report										
Departure Date: _____					Return					
Date: _____										
Auto Travel Allowance: _____ per mile.										
Date	Mileage		Comm. Travel Expenses	Lodging	Meals			Item	Other Cost	Daily Total
	Miles	Cost			Bkfst	Lunch	Dinner			
Total										\$

DATED: February 13, 2017