## **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 experies required for feder	al and State	e grants).				·			
☐ Approved experience Approval		cement (vouche	r) attached, if	applicable	* (Comple	ted 2:125-E	2, Board I	Member E	stimated
			Actual Expe	ense Repo	ort				
*Board members wany expense advar State grants, board permitted by Board Auto Travel Alloward	ncement that I members v I policy 2:12	t exceeds the actual will be reimbursed to the second seco	ual and necess I for actual and er Compensatio	ary expens necessary	es incurred expenses	. <u>105 ILCS</u>	5/10-22.3	2. For fede	eral and
	Mileage	Transp.	Lodging	Meals or Per Diem			Ot	her	Daily
Date Miles	Cost	Expenses		Bkfs	fst   Lunch   Dinner		ltem	Cost	Total
Subtotal									ı
Advances							-		
TOTAL (a negative amount indicates refund due from Board member)								\$	
Submitting Board M	ember's Sid	onature	Date			_			
Casmang Board W		griatai o	Dato						
Superintendent Sign	nature		Date						
Board Action:	☐ Appro	oved 🗆 🗆	Denied						
	☐ Appr	oved in Part 🛚	Exceeds Max	ximum Allo	owable Am	nount			
☐ Grant Funding	Source (if a	pplicable):				_			
Comments:									

\_\_\_\_\_

DATED: July 20, 2020

**CCSD 89**