Lostant CUSD 425 2:125-E1

School Board

Exhibit - Board Member Expense Reimbursement Form

Submit to the Superintendent, who will include this request in the monthly list of bills presented to the School Board. 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:							Ti	Title/Office:			
Travel Destination:							Pu	Purpose:			
Departure Date: Receipts attached							Re	Return Date:			
							Re				
		_	e advance imated Exp				ned, if ap	oplicable* (Co	ompleted 2	:125-E2,	
				Actu	al Exp	ense R	eport				
refund	any expe	ense adva	ancement tha	t exceeds th				exceed the amou enses incurred. (
Auto Tra				per mile		3.6	1	0.1	T	D 11	
Date	Miles	_	Comm. Travel Expenses	Lodging	Bkfst	Mea Lunch	s Dinner	Othe Item	Cost	Daily Total	
Subtota	al										
Advances									_		
TOTAL (a negative amount indicates refund due from Board member)									\$		
Submitti	ng Boa	rd Mem	ber's Signa	ature				Date			
Superintendent Signature								Date			
School E	Board A	Action:	Appro	oved oved in Pa	nrt	[Denied Exceed	s Maximum A	Allowable .	Amount	
DATED:	:	No	vember 21,	2016							

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