October 2016 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:							Title/Office:				
Travel Destination:							Purpose:				
Departure Date:							Return Date:				
				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	•	0.1		D '1	
Date	Miles	_	Comm. Travel Expenses	Lodging	Bkfst	Mea   Lunch		Othe Item	Cost	Daily Total	
Subtota	al										
Advances									_	_	
TOTAL (a negative amount indicates refund due from Board member)									\$	\$	
Submitti	ng Boa	rd Mem	ıber's Signa	ature				Date			
Superinte	endent S	Signatu	re					Date			
School E	Board A	Action:	☐ Appro	oved oved in Pa	ırt	[	Denied Exceed	s Maximum A	Allowable :	Amount	
			☐ Appro	ved in Pa	rt	L	Exceed	s Maximum A	Allowable	Amount	