

Board of Education
Standardized Estimated Expense Approval and
Standardized Expense Reimbursement Form

This form is used by Board Members to report expenditures related to conference or professional development registration fees, travel, meals and lodging expenses, as well as miscellaneous expenses incurred while serving as a Board Member. Money shall not be advanced or reimbursed, or purchase orders issued, for the expenses of any person except the Board member. No personal or entertainment expenses will be reimbursed.

All Board member expense requests for travel, meals and/or lodging must be approved by roll call vote at an open meeting of the Board of Education. Expense advancements and reimbursements shall be presented to the Board in its regular bill process.

Advancement requests

Estimated expense advancement requests should be submitted to the Superintendent using the attached Standardized Estimated Expense Approval Form. Whenever possible, the District will pay registration fees to the vendor in advance. Typical advancements include, but are not limited to:

- 1) Meeting fees sponsored by Illinois State Board of Education or by the Regional Superintendent of Schools;
- 2) County or regional meetings and the annual meetings sponsored by any school board association complying with Article 23 of Illinois School Code; and
- 3) Meetings sponsored by an organization in the field of public school education.

After spending advancements, Board members must use the Board's Standardized Expense Reimbursement Form and submit to the Superintendent:

- a) the itemized, signed advancement voucher previously submitted
- b) the amount of actual expenses incurred, supported by attaching the itemized receipts

The Board member must return any unspent advancement dollars. The District will reimburse the Board member for qualifying expenses not already reimbursed.

Expenditure reimbursement request

All requests for expense reimbursement and/or purchase orders in the District must be submitted to the Superintendent using the Standardized Expense Reimbursement Form. The following information is required for reimbursement: the amount along with actual receipt, the name and office of the Board member, the date(s) of the official business, and the nature of the official business conducted.

Receipts from group functions must include the names, offices, and the job titles of all participants.

Board of Education

Standardized Estimated Expense Approval

ESTIMATED EXPENSE ADVANCEMENT REQUEST

Date:

Name:

Date(s) of official business:

Nature of business / Name of event:

Detailed description of request:

Board Member

Superintendent

After event, please submit all receipts, along with a reconciliation of amounts, to the Superintendent, using the bottom portion of this form.

Standardized Expense Reimbursement

EXPENSE REIMBURSEMENT

Date:

Name:

Date(s) of official business:

Nature of business / Name of event:

If submitting for a group expense, please indicate all board members' names, including titles:

Detailed description of expense

Dollar amount (attached receipt)

Board Member

Superintendent

Office use:

Account code: _____

COMMUNITY UNIT SCHOOL DISTRICT 200
APPLICATION FOR ATTENDANCE AND/OR REIMBURSEMENT
(See Teacher Reference Sheet for detailed form instructions.)

PLEASE PRESS FIRMLY

Date of Application _____ School _____
Name _____ District Position _____
Name of meeting, convention or other event _____
Date of Meeting _____ Location _____
Number of days, dates, and times substitute will be needed _____

Approved _____
Principal

Assistant Superintendent

PLEASE REGISTER ME FOR THE FOLLOWING:
(I have included a completed registration form.)

Vendor Information (Include Address/Phone/Fax)	Registration Deadline	\$ Amount Due

PLEASE REIMBURSE ME FOR THE FOLLOWING EXPENSES:
(I will submit original receipts with the Gold Copy.)

Complete information for each category.		Estimated Expenses	Actual Expenses
Registration	(Membership fees will not be reimbursed)		
Transportation	(Car: current rate per mile)		
Lodging			
Meals	(Maximum of \$50.00 per day)		
Other:			
TOTAL			
LESS Pre-Conference Reimbursement			
AMOUNT TO BE REIMBURSED			

I understand that I will not receive reimbursement for CEU credited professional development or for graduate credit fees.

SIGNATURE _____ I.D. # _____

For Office Use

Funding Source: _____ Job # _____
Approved: _____ Sub Code # _____